An Address

ON

THE PLEASURES OF MEDICINE AND SURGERY.

Delivered before the Medical Society of London on Oct. 8th, 1894,

BY SIR WILLIAM B. DALBY F.R.C.S. ENG.,

PRESIDENT OF THE SOCIETY AND CONSULTING AURAL SURGEON TO ST. GEORGE'S HOSPITAL.

GENTLEMEN,—When an occasion arises in which the confidence of the audience in the speaker is so great that it permits him to select almost any subject as the basis of a few introductory remarks at the opening of the session it is not unnatural that the speaker so favoured should take advantage of such liberty to offer for consideration some reflections that may from time to time have occurred to him, but which are in their nature so fragmentary as not to have found hitherto an opportunity for expression. I hope that, in placing before you a few suggestions, it may not be thought that I have construed this liberty of speech into licence. Those whom I have the honour of addressing are familiar enough with the work of medical men, and with the fatigues and disappointments which are connected with the practice of medicine and surgery. These rooms have for many years re-echoed with the accounts of their investigations, and on many occasions have been the arena of battles which have brought about some of the marvellous changes in modern medicine and surgery, but I am not aware that any of the Fellows of the Medical Society of London have drawn attention to that aspect of our calling for which I can find no better expression than "the pleasures of medicine and surgery." If I succeed in showing that such pleasures really exist and may be discovered in the midst of lives laboriously spent, but assuredly well spent, my suggestions may not be unwelcome, and, I hope, will be accepted in the spirit in which they are offered.

My hearers to-night need be under no apprehension that I shall weary them with platitudes about the satisfaction which medical men may be supposed to feel from the idea of doing good, and, indeed, I question if anyone ever selected his profession or practised it upon such grounds; nor do I wish to draw your attention to all the advantages of spending our lives in the pursuits of science. This aspect of the question has been from time to time most eloquently and persistently dwelt upon by far abler advocates than I—by such men as Huxley and Tyndall—and their teachings have been of untold benefit to their country. I am happy in knowing (and I am sure you will be in accord with me in this matter) how much their precepts have permeated society and influenced the views of thinking men in this country, so that during the present generation the teaching of science and the teachers themselves have occupied an entirely different area from what they did in the past generation. All this is familiar enough to you, but I want to go a step further. I wish to show that it is quite possible to so occupy ourselves with all the sciences which make up the entirety of medicine and surgery that our pursuits become raised to an art in its highest sense, and will so give to us in return all those pleasures and delights which art can, and does, give in profusion to her votaries. In speaking of pleasure I limit it in the case of medicine and surgery strictly to mental processes, and whilst, of course, excluding all pleasures of sensation, must equally exclude all those delights derived from those arts which appeal to the special senses of the eye as well as the ear. It is difficult or even impossible to arrive at a definition which shall accurately express in what pleasure consists. Volumes have been written upon this subject, the only result of which has been to show that the line of demarcation between pleasure and pain is very close to each, so that in dealing with any pursuits which may give rise to pleasure it is convenient to estimate its possibilities in this direction by analogy with what are universally acknowledged to be pleasures in the ordinary acceptation of the term. I must, therefore, ask you to acquit me of any sacrilege if I compare the practice of medicine with any other occupation, pursuit, or recreation, for such a comparison is only used for the moment as a means of explanation. The keenest pleasures which we are able to derive from any pursuit will generally be found to include the exercise of a good many qualities, and to arise from a great variety of causes; and this will be evident if we carefully consider why some pursuits possess such fascination for those who follow them so ardently. No better example perhaps could be brought forward as an illustration of that than is seen in the cases of African explorers and sportsmen—in short, where we see conspicuously mingled at the same time the spirit of enterprise and the exercise of determination, courage, and skill. There are the search and discovery of hitherto unknown areas in which may be found the traces of men or animals, the following up of such traces until they are in sight, and, in the case of animals, their pursuit, their capture, or killing them, in which latter is involved skill. In all these divisions it will be observed that the highest pleasure is not reached until after great labour, until great difficulties have been surmounted, until the explorer or sportsman seems unconsciously to regard all difficulties (in the words of Wellington) as being "made to be overcome"; so the very labour becomes a pleasure in itself by the hopes which it engenders. Without doubt in this way the labours do actually often become at the time insignificant. We know also that what is termed pleasure is of a threefold nature, and consists in anticipation, realisation, and retrospection. Who of us has not experienced in the retrospection of pleasures how small become the difficulties and labours we have undergone? Fatigues, hardships, and disappointments that have been not easy to bear at the time are very little thought of, and the remembrances of them become dimmed to the memory as time goes on. It is the successes which remain clear to us and which we never forget. How little do we hear from the explorer of the difficulties and the dangers, or from the sportsman of his bad days, but how seldom does he tire of recounting his good days? The fatigue, if there be any, is confined to his impatient hearer. I have yet to mention in connexion with the explorer and the sportsman that, if the application of his past experience is delightful, so also is the exercise of skill with the consciousness of constant improvement—above all, the uncertainty of success. Sport would cease to be sport without this constant element, and it is obvious enough that no game would be worth playing if it were not full of uncertainties. This applies equally to occupations none of which would be worth pursuing if the results were certain. Now I permit myself, in passing, to suggest that amongst its many advantages medicine, occasionally at least, possesses the charm of uncertainty in the results of treatment, and the same might be said even of surgery in regard to some of our operations. There are, however, some things in the doing of which the interest never palls. The explorer and the true sportsman know this full well, and it requires no words from me to tell you that medicine and surgery are, if once engaged in with the true scientific spirit, the most absorbing of studies and occupations. It arrives then to those who do practise our profession in this spirit to become enthusiasts, and certainly it is something gained if we acquire a mental attitude which enables us habitually to so contemplate the pleasures of our work that the labours of it disappear. If any instance were wanted which should display the analogy which exists between the explorer and the surgeon we have one at hand in our last Lettsomian lecturer upon Peritonitis. He might be not inaptly described as the explorer of the peritoneum. There were many African explorers before the sources of the Nile were finally discovered; but if the history of these adventurers be studied it will be observed how careful each one was to take advantage of the knowledge of his predecessors in combating the difficulties which had to be surmounted; how careful to take note of, and mark for the guidance of those who were to follow him, the dangers to be anticipated and avoided; how cautious in making statements to say that such points which might at first appear to have been settled were still open to some doubt; how one explorer after another returned without having settled the question, but how each one had not only a hope, but a firm conviction, that someone would succeed at last; and how they all left a sort of impression on their hearers that they would again and again go back until they at last returned with the complete knowledge which they had so desperately striven for. When

I listened to Mr. Treves upon Peritonitis[1] it appeared to me that he had spent a considerable portion of his life within a peritoneum; that when he paid each of his numerous visits to this dark country he had made himself acquainted with the doings of every previous explorer in this region, and these explorers belonged to several nations—the English, French, Germans, and many others; that he frequently found the district which he visited infected with the plague of septicæmia; that, though there were times when it was free from this fever, he frequently selected infected periods for his visits; that in his travels nothing that former visitors had seen ever escaped his notice; that he carefully prepared himself against all the dangers which they had experienced; that he had a short-hand writer with him to take down minute descriptions of everything he saw; that he afterwards himself carefully annotated every fact which was certain; that he placed a query to many points which he had previously stated as facts; that he discarded many precautions as useless which he previously had employed; and that he expressed in foot-notes his opinions as to probabilities. At one place I find, after many journeys, the following statement: "It has now become evident that peritonitis depends almost entirely, if not entirely, upon infective processes, and that these agencies are concerned, directly or indirectly, in every form of the disease.

There are those who maintain that there is no form of peritonitis which is not due to infection, and although the data upon which such an assertion is based are not entirely perfect there is yet much presumptive evidence in favour of its accuracy. Indeed, the domain of non-infective peritonitis is becoming rapidly more and more dubious." I would also call attention to the fact, which appears at the end of the second lecture, that after some of his many expeditions to "Peritonea" he seems not to have been altogether idle during his well-earned repose, for he gives references to sixty-seven works upon the subject which he had read in various languages, and for the benefit of those who were not quite satisfied with this amount of literature he adds a note: "For some fuller account references may be made to various articles," and proceeds to name them. It appeared also to me that after each return from this Peritonitic district he was full of hope and anxious to go back as soon as his engagements would permit him; and that he was by no means jealous of other explorers. Our lecturer, on the contrary, observed that a few of the early explorers had in some particulars succeeded better than himself, and he had returned to their old routes. You will notice, please, that he is really a model explorer, who ought to be held up as a pattern to others. He has behaved with the greatest liberality, for at the time I heard him he brought back a complete map of the entire district he had traversed, with copious notes and most valuable advice, and presented it to the Medical Society of London for the use of future explorers, and that excellent society, in the same liberal spirit which marked the donor, has given it to the world.

Gentlemen, do you detect in the surgeon the enterprise and enthusiasm of the explorer? I speak of enthusiasm, but in the instance of a follower of our art it is not confined to himself. The enthusiast inspires it in his pupils, it reacts from the intelligent pupil to his teacher. Gentlemen, it is enthusiasm that destroys the monotony of an occupation—yes, even the monotony of life. I can fairly venture to speak of these matters. Many might suppose, and have, indeed, said to me words to this effect: Being engaged, as you are, with only one branch of surgery, being debarred from the fascinating conditions which surround general surgery, taking no part in its brilliant achievements, do you not feel fatigued by contemplating the same restricted area affected with the same aspects of disease? To such inquiries I can truthfully answer, Never. And as I reply I cannot avoid the suspicion that it is my questioner who has experienced a feeling of monotony, and who might have done much better work if he had not. It is the artist who paints potboilers who suffers from monotony, and if he suffered extinction it would be no serious loss to the community. If any specialists require consolation for the tedium of their occupation I am here to-night to give it them, for I am one of those who believe that to the true followers of medicine and surgery one of its pleasures and rewards is the impossibility of monotomy. Those who have experienced it must know what it is to feel dull. It is a sensation which up to now I have not felt, and I can only hope that at this moment I am not instrumental in producing it. I firmly believe that for us, in the words of the clown to Malvolio, "There is no darkness but ignorance"; and I will add there is no monotony save in the sleep which sweetly restores us and the death which releases us when our work is ended. But not the least amongst the many delightful characteristics of enthusiasm, as I just now observed, is that its possessor can and does share it with others whilst observing their doings, although taking no part in them. It has, for example, happened to myself to be in the company of one of the most justly honoured members of my profession, whilst we witnessed a beautifully executed and most intricate operation, performed for the first time in this country by one of our most brilliant surgeons. It was so done that the certainty of death was replaced by what afterwards proved to be the certainty of life in the person of a mutual friend. There was at that time expended the enthusiasm of the surgeon who operated; the enthusiasm which the two spectators felt and expressed to each other, in that they should have had the privilege of living at a period when they could witness the extraordinary advances of modern surgery. It is needless to add that subsequently a still further expenditure of enthusiasm took place in the person of the patient who had been made perfectly familiar with the history and hitherto fatal termination of every case like his own—at least, so far as had been observed in this country or in the foreign literature of surgery. In this narrative you will detect one of the pleasures which surgery is capable of affording to its followers, and a slight effort of imagination will readily suggest numberless other instances in many respects similar to it.

And now I wish to show what an important part, and I think very often an imperfectly recognised part, imagination plays in the subject I am attempting to deal with. We are all of us familiar enough with Tyndall's essay on "The Scientific Use of the Imagination," and without any disrespect I may observe that a more accurate title to his brilliant essay would have been "The Use of the Imagination in the Pursuit of Science," for the imagination does not admit of being used scientifically or unscientifically. However this may be, and it is not important, I have for many years believed that one of the pleasures enjoyed in an eminent degree by physicians and surgeons has been the exercise of the imagination. I have hitherto not ventured to express this view, as I might have been met with the rejoinder that the more the surgeon sticks to what he knows, and the less he indulges in his imagination, so much the better for the patient. But in the early part of this year I came upon the following remarks by Herbert Spencer on this well-known essay of Tyndall. "Rightly conceived," Spencer says, "imagination is the power of mental representation, and is measured by the vividness and truth of this representation. So conceived, it is seen to distinguish, not poets only, but men of science: for in these two imagination bodies forth the forms (and, he adds, the actions of things unknown)." He goes on to explain that the difference between the imagination of the poet and the man of science lies in the fact that, whereas the imagination of the poet is exercised upon objects of human interest and his ideas glow with emotion, the imagination of the scientific man is exercised with things utterly remote from human interest, and which excite no emotion—that whereas people at large can follow the poet, the imagination of the scientific man is inaccessible to them. Now it seems to me that this method of reasoning especially applies to the study of disease upon human beings; that in investigating the condition of organs hidden from view the mind of the physician or surgeon is constantly picturing to himself these conditions; that in examining these internal organs by the best means at his command—the lungs and the heart, for example—he is incessantly picturing to himself those conditions, whether of health or disease, which his previous experience has made familiar to him; indeed, in proportion to the vividness of his imagination so he appreciates the possible changes from health, and so sees in his mind's eye the actual alterations in structure of the organs under examination. He not only hears the sounds of the heart in valvular disease, but he sees the deficiencies of the valve; and the more active his imagination the more accurately and vividly does he appreciate the precise extent of disease. Surely this is no fanciful picture, and surely in so exercising the imagination consists one of the pleasures of the physician. A similar intellectual pleasure is indulged in by the surgeon who

[1] THE LANCET, Feb. 3rd and 17th, 1894.

examines an abdominal tumour. He not only recognises it by his sense of touch, but by the aid of his imagination he sees it, and whilst seeing it compares it with others he has known of a like nature, and pictures to himself the details of procedure when shortly he will be removing it through an abdominal section. The pleasure of the physician may perhaps cease when he knows what is there, but the surgeon looks to something further—to the actual moment of capture and eradication of the disease. There is, you will observe, in regard to the exercise of imagination, a vast difference between medicine and the other sciences—a difference not at all contemplated, or at least not referred to, by Tyndall. His contention was something to this effect: that, for example, we know perfectly well the laws which govern such matters as sonorous vibrations, so far as they affect air or water; that, although the bodily eye cannot see the condensations and rarifications of the waves of sound, we construct them in thought, and believe in their existence as surely as we believe in that of the air itself. Now this is not quite analogous to the exercise of the imagination in the pursuit of medicine. If we take any of the phenomena with which Tyndall was dealing, such as sound or light (the condensation and rarification of the waves of sound will do as well as any other), they are a something that the eye has never seen. Who ever saw a wave of sound? Still less did anyone ever see it in action of condensation or rarification! We can all see, and have seen, the effects of such action upon atoms by experiments, and we have appreciated by our ears the rapidity of vibrations; but the wave itself is invisible and only known to exist. Now in the case of medicine, when our investigations are being made as to the state of an internal organ hidden from view, we have seen it, we know it well; we are not only familiar with it in health, but have seen it at post-mortem examinations exhibiting all sorts of variations from health in the form of disease. When, therefore, the imagination of the physician is brought into play he does not think of something he has never seen, or of something invisible to the eye, but he imagines a condition of which he has seen the like, and which he has actually handled. Thus his mental picture is far more vivid than in the cases which Tyndall uses for illustration, and, being more vivid, it is far more accurate as a mental picture. Nay, more than this, he is still further helped by the physiologist, who can display to him those organs (which he knows so well in the repose of death) in vital action and performing their functions. The physiologist can show us the heart (of an animal, be it noted) in action during life, the brain during its vitality, and many other organs, such as the liver, kidneys, and stomach. Whilst aided by such knowledge the mental picture becomes clearer, and is still further accentuated during the formation of an opinion as to the state of the organ under examination. And now, notwithstanding the most skilful treatment, is not the opinion verified or falsified at a post-mortem examination? So herein lies the charm of uncertainty which the pure scientist has not the advantage of—an uncertainty which is at last set at rest, and teaches the physician one of the many lessons which year by year adds to his experience and gives him more certainty in his opinions. It may be more uncertainty, but at least it is something which advances further and further in the direction of accuracy and truth.

What I am especially anxious to show is the immense importance of the imagination in the practice of surgery; how, by the use of a brilliant imagination, many of the great changes in the march of surgery have been achieved; how the want of imagination has often checked the progress of surgery and left certain branches of it in a state of stagnation for years. Let me for a moment recall to your minds an opening address which was given by one of your late presidents from the chair four years ago—viz., by Mr. Knowsley Thornton, "On Abdominal Surgery, Past and Present"—a history of his own art by a true artist, told in simple language and with a modesty as regards himself which might be expected from him. But in this narrative it was easy enough to detect the depression which he felt whilst he was dealing with periods when mistakes were not only made—this is natural—but were persisted in for years; easy enough, too, to detect his enthusiasm when he relates how these stumbling-blocks were swept away. He told us how in 1809 the first ovariotomy was performed, and successfully; that for sixty years afterwards no real progress was made; and then he shows very clearly why this stagnation took place—that in 1821, with no previous knowledge of McDowell's work, Nathan Smith of Connecticut operated by a method nearly perfect; that, his incision being three inches long, he waited till all bleeding had ceased before he opened the peritoneum, used animal ligatures, cutting them short, and dropped in the pedicle. The patient was walking about in three weeks. Then added Mr. Thornton: "Is it not marvellous that with such a perfect example of good surgery before them operators should have gone on blundering with long incisions, long ligatures, clamps, and abominations of every kind, piling up the victims till the total is probably equal to the death-roll of a great battle?" After 1821 there was another step, for pains were taken to include the cut edge of the peritoneum in the sutures. About 1850 the mortality rose in America for twenty years to 70 per cent., due, in the opinion of Mr. Knowsley Thornton, to the long ligature first, and, later, the clamp. I now quote again: "The long ligature appears to have separated from the nineteenth to the thirty-fifth day, or even later, and during the whole of that period the unfortunate patient had a carefully prepared moist roadway for the causes of putrefaction and death, leading directly from the outer air to the deepest recesses of her peritoneum, and at the bottom of this roadway a lump of half-strangled tissue; and probably the dirty fingers of the nurse, and the still more dangerous fingers of the surgeon, fresh from other suppurating and putrid wounds, had a tug at it daily, stirring up fresh irritation in the remains of the pedicle, which nature was all the time doing her best to heal, and leaving only too often in the moist silk thus handled the most deadly causes of future mischief. Shall we marvel that there is a death-rate of 70 per cent., or shall we not rather marvel at the hair-breadth escapes there must have been, and at the marvellous vitality and resisting power of the tissues of the lucky 30 per cent. who recovered?"

I quote again in regard to the clamp: "But what of the actual instrument, with its great hinge impossible to clean? It was taken off the pedicle of a patient dying of septicæmia, or it came away reeking with the foulness of a separating slough, and it was sent to the instrument-maker's to be cleaned, came back with its hinge oiled with the grease of an instrument-maker's shop, in which probably post-mortem and dissecting instruments were cleaned—shall I not rather say dirtied—side by side with it, and then it was put on to a fresh pedicle without even a wash or a boil or a steeping in some antiseptic lotion. It was put on, I say, to a nice little pedicle, which a fine sewing needle and silk would have secured, and the patient, a beautiful girl, perhaps in the first flush of womanhood, was in thirty-six to seventy-two hours a corpse, bloated and disfigured, with foul gases bursting from her tissues wherever they were incised, and then came the record too often: 'exhaustion' or 'peritonitis.'" The whole history of abdominal surgery as told by Thornton is a romance, ending, as it does, with a triumphal march of a gallant army, Lister at the head of the troops, the man who taught them to be "surgically clean." Is there no exercise of the imagination in this romance? Is it not perfectly plain during the long life of the long ligature that if a vivid imagination had been at work the progress and route of septicæmic poison all along the ligature would have been visible to the possessor of such an imagination? Was not the period of stagnation in abdominal surgery with all its ghastly records due to the absence of imagination in the surgeons of that day? Is not the progress of abdominal surgery till it reached its present position clearly due to those surgeons who have possessed and exercised a bright imagination, in a way somewhat similar to what I have described in the case of the physician? Is not the activity of imagination the mark of genius in poets, artists, and the writers of brilliant romance? If the mental processes are the same with the surgeon who establishes a marked advance in the history of medicine or surgery, can we deny him the attributes of genius? I leave this to you; but at least you will grant him one of the pleasures of medicine and surgery, the actual existence of which I hope I have made more or less evident. Whilst I draw attention to the intellectual side of surgery, I wish, if I can, to place it before your minds in such an attitude (if I may use the expression) that it will lie side by side and compare not unfavourably with literature and the arts. I wish to show that it is in very truth an art, and thus something worth cultivating, not only for its usefulness, but for the pleasure which it is able to afford to those engaged in it. Now the pleasure which poetry and literature of various kinds are able to give are of a twofold character. In the first place there is the pleasure which is derived from the emotions, and in

the second place the pleasure which is strictly of an intellectual kind. Although in the matter of romance or history the emotions are partly engaged, as in poetry, there are certain other forms of literature in which the emotions are entirely untouched, and yet the enjoyment derived from such literature is very complete. Thus, for example, we can all call to mind essays which would fulfil this proposition. In what, then, does the pleasure consist? I think it is to be found in its completeness, in its perfect methods of expression, in the excellent choice of language, in the due sense of proportion which it leaves upon the reader, in its obviously truthful intent, and in its entire accuracy—in short, in its producing a condition of mind for the time being which Huxley would define, to use his own expression, as "intellectual content." This is without doubt a feeling of great pleasure, and I believe that a precisely analogous feeling is produced from a complete and successful piece of surgery. If you allow this, surgery is not only the possession of the surgeon who is the active agent, but is shared by those who take an interest in it, just as much as the pleasures of literature are equally the possession of the reader as the author. In this sense, therefore, surgery bears a close relationship to art—as close as that of literature. And does not literature become an art when an author is able to place before the mind's eye of his reader the picture of a startling incident, in which the actors of the scene represent the highest types of female and manly beauty, expressing in their faces and attitudes the most varied emotions? If, therefore, my assumption is sound, I claim for medicine and surgery a family relationship to the arts and literature, and with it a participation in the intellectual pleasures which these are able to afford. It is, I may say, one of the provinces of the Medical Society to prosecute this claim, to encourage the frame of mind I have described, and to so help us that in our work we never permit our eyes to wander from our ideal, which is nothing less than truth in nature. Diderot, in illustration of the fact that the constant contemplation of the model had the effect of making the truth of nature forgotten, because the artist can think of nothing but the models he has studied, relates a story of an artist who before he drew a line on his canvas used to kneel down and pray, "Good Lord, deliver me from the model." And so it should be in medicine and surgery if we are to get the best possible from them; we should be able to dismiss from the mind every consideration that may interfere with the true scientific spirit. In one sense our art has a feature of its own: it is the effect of the mistakes which we make. They are sometimes no doubt disastrous at the time, but so long as they are not the results of culpable ignorance, and so long as they occur in the hands of the true followers of science, they are actually a help in the progress of medicine. They are recorded by the investigator as a warning to others, and they are so emphasised as to be of real service to those who follow: in fact, they become landmarks for future generations. This is the effect of *our* mistakes upon *our* pursuits. In literature and the sister arts errors that have been perpetrated remain as disfigurements, whilst errors committed by those who have spent their lives in promulgating the many religions that have swayed mankind have not only disfigured humanity, but have in past ages stained history with blood, and these errors have been so numerous as to have obscured to the multitude the Divine light which should have shone through them. Let us hope that whatever errors we commit, so far from obscuring light, may act as beacons to guide those who follow us in that search for truth.

And now, in bringing my reflections to an end, let me say I do not suppose for a moment that all of those who practise medicine and surgery, and even practise it in the best interests of science and of their profession, have arrived at that attitude of mind which permits them to contemplate in detail the processes of disease and its treatment so as to be a source of pleasure, but I believe this is merely the result of circumstance. The lives of most of us are so busy that there is but scant time for reflection. With a large proportion of mankind the enjoyment which it is possible to extract from their lives is unobserved, and the flowers remain unplucked by the hands which serve only to support existence and that of those dependent on their industry. In dealing with the pursuits of medicine and surgery, rich as they are in the sources of pleasure, I hope I may be pardoned for occupying your time in drawing attention to possibilities which, though they must have presented themselves to many of us, may easily have escaped the notice of a few.

An Address
ON
COMMON DISEASES MISTAKEN OR MISTREATED.

Delivered before the Willesden District Medical Society on Oct. 4th, 1894,

BY JAMES F. GOODHART, M.D. ABERD., F.R.C.P. LOND.,
PHYSICIAN TO GUY'S HOSPITAL.

GENTLEMEN,—There are two sides to every question, and perhaps to every situation that comes to one in life. I would ask you to bear this well in mind when I go on to make the, at first sight, exceedingly inapposite remark that I have the misfortune to be one of your honorary Presidents, and also of having been here at your opening meeting in the spring, which passed off so successfully with Mr. Hutchinson's address. My misfortune I count to be this: that as one of your honorary officials I supposed I might, by some harmless twist of the imagination of the Willesden District Medical Society, have been considered to be ornamental, whereas in dread reality I find that I am expected to be useful. And having heard Mr. Hutchinson's address last year—you and I—you will not wonder that this responsibility of usefulness comes home to me in a somewhat appalling fashion; for if there is any master in the matter of giving addresses in the profession of medicine—and I am happy to think it does not lack in this respect—I should single out your lecturer of last year. He possesses the art of being intensely practical, intensely suggestive, and withal so clothed in the garb of interesting diction that an hour with him is a stimulus, a pleasure, and a memory. Now what can I give you that shall not seem but poor indeed beside the wealth of illustration, descriptive and pictorial, that you listened to and saw last year? Yet I must try. Am I not, then, unfortunate? I am only happy in this respect—that misfortune of this kind is an honour. Of common diseases that are often mistaken I cannot do better than take first the case that suggested my subject to me. A little child aged nine months was brought to me with something the matter with it that had proved a puzzle to those who had it in charge. I received a letter stating that the child was supposed to be suffering from sunstroke, but that its symptoms were peculiar, for it had so much pain, and of late there had developed a certain amount of proptosis and discolouration of the eyelid, and the gums were of peculiar appearance. When I read this note I felt sure that this was a case of infantile scurvy, and I had only to look at the child to be sure that that somewhat hasty opinion was correct. The child was of that unhealthy yellowish or waxy pallor that makes the young infant look so terribly ill; it had a moderate degree of ecchymosis in the right upper eyelid; it lay quiet in its nurse's arms as long as it was kept perfectly still, but as soon as there was the least movement of its body or limbs there was an immediate whine, showing that the child was in pain, and the pain became more marked when its legs were handled ever so gently. Add to this that there were swelling of the lower third of the tibiæ and a well-marked lividity and slight swelling of the gum round the upper incisors, and the case was a fairly typical one. If any further evidence were wanted it might be obtained from inquiries about the food. The mother told me this: it was nursed for five weeks, and then, for some cause I did not ascertain, it was weaned, and attempts were made to feed it with, first one milk preparation, then another, and another, all without effect; until it was ultimately suited—stomach and food in apparent concord—by Swiss milk and a prepared food combined. This food and nothing else had been persevered with until I saw it, the proportions being two good teaspoonfuls of the milk and three tablespoonfuls of the food, at least, in about a pint and a half of water, and it took double this quantity in the twenty-four hours; so that four teaspoonfuls of Swiss milk and six or seven tablespoonfuls of prepared food, *plus* three pints of water, constituted what it lived upon. It is no little testimony to the value of these materials that up

to seven and a half months the baby was a prize one—so its mother said—and I believe it, because this is about the time that scurvy begins to appear in babies. At seven and a half months in this case the legs began to be painful; then the two top central incisors came, and the gums were lanced for threatened convulsions, and they changed to a curious colour about the same time. Three weeks before I saw it the left eye had become discoloured, and afterwards became swollen. This disease is a very common one, and I do not doubt that such cases are often enough recognised; but they are also constantly allowed to go unrecognised, and pass as rickets, or rheumatism, or injury, or temper, or "pure cussedness," and so on. I could pick out, I dare say, fifteen cases from my notebooks brought to me as puzzles, and in not one of which its nature was recognised; yet there is no difficulty in the diagnosis when once you have seen a case, and the disease has now been so well described by Barlow, Cheadle, and others that cases ought not now to be mistaken. As the best guide to diagnosis I would say pay attention to any *angry* cry in babies, to all crying aggravated by movement, and do not be content with some slight rachitis as a sufficient explanation of the distress. Look at the lower end of each tibia. Generally there is a white swollen waxy appearance, there is a peculiar want of suppleness, and fixation of the skin, and if you give the bone a gentle pinch you will provoke a cry. Then look at the gums if the child has any teeth, which it generally has, for the disease does not appear till about the time of dentition, and you will usually see them with a deeply livid edge, which is slightly swollen. There is not generally much swelling, though I have seen in an older child as much swelling as in scurvy in an adult, and that child, I remember, pulled every single tooth out of her head at the rage her pain drove her into. As regards the cause of scurvy in infants, if you want my opinion, it is usually due to keeping a child too long upon condensed milk, or feeding it too liberally upon one or other of the infant foods. Condensed milk is an excellent food for infants upon proper occasion, and up to even four, five, or six months they may thrive upon it; but if it be continued to the seventh and eighth or ninth month a very definite risk of scurvy is incurred. But I have seen it also in infants who, so far as I could make out, had been fed properly upon good cow's milk, and in all these cases without exception the milk had been—may I say?—spoiled by a too copious addition of some infant food. Scurvy will occur with any of the foods, even the very best of them. The remedy is simple. Pure milk doctored but sparingly with biscuit powders, raw meat juice, good vegetable broths, and orange juice as regards foods, and absolute rest in bed and no dressing, not even too much washing, until the pain eases, and a little opium to ease the pain, are very generally speedily successful. But not always so. It has twice happened to me in the case of young children brought a long distance from the country that after giving a very hopeful outlook the child has died suddenly the next day. In neither case did the child look worse than many another who did perfectly well. Therefore, until the child has taken to its change of diet and begun to mend it is as well to speak guardedly. We can readily understand that a condition of the juices such as scurvy indicates must necessarily at times be a critical matter. We may, indeed, well wonder that as many cases recover so quickly as is the case.

I will next turn to a different region. I was called up early the other day for some emergency of the nature of which I was in blissful ignorance. When I arrived the medical attendant had gone, and I, while waiting for him, was told by the wife of the patient that her husband was sixty-four, a very stout man, had suffered from glycosuria for a long time, and of late had had two or three attacks of indigestion. These attacks had been associated with flatulence and diarrhœa, and with the onset of the latter the pain had gone. He had been treated by bismuth, and his wife understood that she need not be in the least alarmed about the attacks. But now another attack had come on in the middle of the night, and it had not passed off like the others had done. And there was the patient sitting on the edge of the bed, leaning on his hands, grey-looking, restless, would not lie down, complaining of bad pain in the præcordia, and, to make a long story short, suffering from a bad attack of angina pectoris, of which we were unable to relieve him, and from which he died twelve hours after I saw him.

Angina pectoris is an exceedingly common disease, but it varies so much in severity and in the mode in which the pain manifests itself (or, at any rate, in the description which the patient gives of it) that unless this is present to the mind it is very likely to be overlooked—nay, more, even when thoroughly alive to it, it is sometimes impossible to be sure whether we are dealing with angina pectoris or something else. It is called indigestion, "liver," neuralgia, stomach-ache, lumbago, rheumatism, flatulence; it is, indeed, impossible to enumerate all the forms under which it appears; and, in addition, it is associated so often with flushing and other curious sensations, even when it occurs in men, that one is often in doubt what is serious and what unimportant in the symptoms; and I hold it to be of great importance to recognise this because we do not see a *bad* case of angina every day, and we might easily think the disease an uncommon one. But, if we take the slighter forms of it, it is so common that it is almost an everyday occurrence. Such milder forms are illustrated by the following case. A woman aged fifty-five came to me on account of pain in her chest. She had had it on and off for four years. She now had only pain in the epigastric region, but she was breathless. She had noticed it of late going upstairs and when walking briskly; on sitting down the pain ceased. It was a dull, curious sort of pain. She was very stout; the urine was of high specific gravity, and contained a little albumen. It is only by paying attention to these milder forms that one obtains any real idea of the varied causes that bring it about. There is nothing inspiriting in the behaviour of the worst forms of angina pectoris. Too often, then, no drug seems to avail anything; and it is not without reason that to mention the term "angina pectoris" to a layman is to smite him with the most deadly panic. Study, however, the milder forms and it is clear that it is a phenomenon that is found under a variety of morbid conditions, that it is the sign of these, and that to treat these is to relieve the patient and to cause the cessation of the pain.

Take another condition that has obligingly come before me since I have been preparing this address—viz., a woman with a throbbing aorta, supposed to be aneurysm. Now it is sufficiently near the truth to say that women never have aneurysm except they have had syphilis. But I have seen many cases now where pulsating vessels in nervous women have been supposed to be due to dilatation of the vessel. Aneurysm is no disease of women, and its occurrence in them is a most rare exception and due to exceptional circumstances such as syphilis, drink, and masculine work, or to some of these combined. And, talking of the circulation, a number of conditions of the heart crowd into the mind that are too often mistreated because they are taken too seriously—which is, I suppose, mistaken. Such a one is an intermitting pulse. A heart that occasionally drops a beat—one beat fails, say, in eight or ten beats, or possibly more often. A strong and healthy man came into my room only a few mornings ago, simply because of this symptom. He had been told or imagined that he had a fatty heart and might drop dead some day. At another time there had been a talk of something wrong with the first sound, and these things of a man who is walking, riding, and shooting all day, and is in perfect health. But his heart no doubt takes a rest occasionally and has a look round, and why should it not? An occasional failure of a beat in the heart's regular action is of itself, and apart, of course, from any other evidences of disease or failure, one of the most unimportant phenomena in the natural history of the cardiac muscle; and much relief is afforded to many a troubled mind by taking this view of the matter. I have often comforted a sleepless patient by telling him that the heart sleeps in snatches and does very well upon it; and for those who dread the slightest departure from the natural action of the heart it is glad news to hear that sometimes it takes a day off, and the only way it can be managed is by missing a beat. There are, of course, other explanations of this phenomenon. It is obviously due to undue irritability of the muscle or nerves in some cases, but anyhow we must not look upon the condition as a serious one until we are obliged to do so; and we shall do a great deal to render the life of many a man and woman happier.

I must not speak quite so lightly of the next condition to be mentioned, although I allude to it because it will often cause more anxiety than is necessary. I allude to the irregularity or palpitation of the heart that comes on now and again in old people—or, perhaps I ought to say, in people after middle life is well over. Now I am willing to admit that here we must walk much more warily—until, in fact, we have had time to observe and gauge its meaning; but the fact that there is a class of cases that exhibit a periodical

irregularity such as this is sufficient to suggest the idea that there are functional disturbances in the heart even at the time of life when muscular degenerations are *par excellence* the prevailing element in disease. Therefore even in old people we must not be too ready to assume disease, and treat with digitalis, strophanthus, ether, &c. The affection is much better treated by what I will venture to call the late Sir W. Gull's tonic, or the tonic for old age as dictated by experience. Sir William whispered to me one day, "The best tonic for old people is sulphate of magnesia." I think this condition is—well, gouty, if you like, in a very general way. By that I mean that, as middle age recedes and exercise becomes less active and the excreting organs less equal to doing the first-class work they used to do, so the blood becomes of less excellent quality—more charged, that is, with products that are unnecessary or harmful; then the various parts of the economy take knowledge of the same, and such as are more delicately poised between health and disease—differing, these, in different individuals—get upset. Old people will sometimes have a more or less irregular heart for years, but they may have no single symptom of cardiac failure, nevertheless; and several cases have I known that have gone about in town and done a day's shopping with far less fatigue than I should suffer. It is not the heart that requires attention in such cases so much as diet and such general matters of concern, and assuredly there is no better way of treating it than by our old-fashioned friends, blue pill and salts. They are often enough treated otherwise—that is, with stimulants and strong meat extracts, and probably digitalis. The digitalis, it may be allowed, may be useful upon occasion, but it is not the remedy that does most good.

Two other conditions—bearing upon the circulation—may be mentioned, and the first is disease of the lung and right side of the heart, which are constantly mistaken for mitral disease, and, being so, are mistreated—that is to say, digitalis is administered, and I must allow that sometimes it produces some relief. But digitalis is not the remedy for disease of the right side of the heart. Whether it be that on this side there is no muscle for the drug to act efficiently upon or not, the conditions on the two sides are quite different, and the remedies for the right side dilatation that so often occurs, and which it is by no means always so easy to be certain of as might be supposed, are, again, all remedies that reduce the volume of the blood and reduce the amount of that fluid in the pulmonary circuit. Purges; reduction of the intake of fluid; leeches, or general venesection; and such exercise as is possible to promote the circulation of the blood through the lungs are the remedies in such cases. I have said these cases are often mistaken. I could give you many instances. Not so long ago I saw a man who three or four years before had retired from business because of failure of his heart and albuminuria; yet he still lived, and not only so, but lived with an amount of energy within him which suggested that as he had already lived four years longer so he might easily last out another four, or more for all one knows. And what was his condition? The impulse of the heart was considerably displaced to the left,—at first sight, this being in favour of dilatation of the left ventricle, but there was no indication that the left ventricle was large from the sounds that were heard, whereas he had a markedly barrel-shaped chest, all the murmur was over the tricuspid valve, and the albuminuria, although it still existed, was associated with a urine of high specific gravity. One point about these cases, and by which after a time one's eyes may be opened, is that they go on so long and go downhill so very slowly. Think of the years that a case of mitral stenosis will go on, and this is accomplished by the enormous reservoir area that there is, if slowly developed, in lungs and liver and so on. The second condition that I alluded to is fainting. I am constantly seeing people, young people chiefly, who by fainting are supposed to show some feebleness in the heart. In old people this is sometimes alarmingly true, but hardly ever so in the young. People who faint are seldom the subjects of any heart disease. To make this mistake is certainly to mistreat the case, for, thinking the heart awry, the patient is put thoroughly out of gear by being kept quiet and not allowed exercise.

And now let me turn to another subject dear to the hearts of all of us, either as a safe refuge, an anchor of hope, or a subject of speculation—a bit of disease that one thinks one knows all about, and therefore how to treat; shall we call it gout or uric acid diathesis? It is a subject very dear to me for several of the above reasons; but for the moment because I think it can be contended with good reason that it is a common condition, mistaken or often mistreated. Now let me not judge this meeting, but you will probably all allow that the very general idea as regards gout and its supposed evidence in the passage of uric acid is that the uric acid circulates in the blood and tissues, and that it acts as a poison, producing in one gout in the big toe, in another say lumbago, in another sciatica, in another migraine, in another indigestion; in another insomnia and the black bile, or the blues; in another palpitation, angina, asthma; and so on through a large part of the nomenclature of disease, for there are few things that have escaped the grip of the uric acid diathesis at one time or another in the imagination of this individual or that. Now, conservative and respectful as I am in my bearing towards, and belief in, the tradition of the past, and believing as I do that that teaching has generally some truth at the bottom of it and must not by any means be rejected without reason, I nevertheless like in many of such cases to think the matter out in the light of the experience of every day and see if it accords with it. And after some years' attention to the subject I am sorry to have to say that I cannot anyhow make my present day experience fit in with this notion of uric acid. Medicine is a bad profession for running away on an idea, and it is very hard work sometimes to get quit of the entanglement and view hypotheses from the outside and compare them critically with common everyday occurrences. Let us attempt something of this kind for uric acid. I venture to think that your experience must be the same as mine. I will begin by making this admission, that many of the ailments I have mentioned as the indices of lithæmia are preceded or followed by a rise in the uric acid tide, as it is called, and that admits of the explanation that the excess of the excretion is an indication of the cause of the disturbance. But does it admit of no other alternative? Obviously it does. The supposed cause may be only a result.

Let us discuss this for a moment; and first we must clear the ground by alluding to another prevalent idea that is often, if not always, a mistaken one—by distinguishing between the passage of urates and that of uric acid. It is largely held by the general public—and I suppose that the public takes its cue from medicine—that a brick-red lateritious sediment in the cold urine is an indication of a gouty tendency. But is it of any value at all? Certainly not in the form of propositions so naked and unadorned as this. A sediment of this kind will certainly often indicate that a man has eaten too much, and so far is perhaps a pointer in the direction of gout, but its only true meaning is that there is a disproportion between the solids and fluids of the body. If a man has heart disease and his fluid output is always scanty, his solids will be in excess in the urine, and he will by that criterion be lithæmic; but the same thing will happen if a healthy man has a hard day's exercise and sweats freely and does not replace his loss in this respect by an equivalent amount of water. However, a large part of the prevalent opinion upon gouty conditions and tendencies is derived from this presence of urates in the urine. Everyone knows that there are hundreds of people who as soon as they see their urine thick on standing rush off to their medical adviser for a pill for their livers, or—more reprehensible still—take a pill without consulting him at all; and, inasmuch as lithates in the urine have undoubtedly some relation to gross feeding, this idea has come to overlook the actual question I wish to discuss, which is the relation of uric acid to food. But the deposits of urates have very little indeed to do with gout. A gouty man may have an attack of podagra or of one of its several substitutes, his urine remaining free from sediment of any kind and of low specific gravity. It depends upon the subject, and the excretion of uric acid is a matter that, from a clinical point of view, may be considered quite on its own merits. Now the orthodox view of the cause of the appearance of uric acid in the urine is that as a matter of high living and free drinking—particularly of wines which produce what is called acidity—uric acid is formed in excess and accumulates in the body, and all the dire evils of that very injurious product arise. The orthodox treatment is to cut off all meat and sugar, possibly butter and bread, and wines, and the patient sufferer lives upon fish, a little pigeon or game for a treat, green vegetables, and dry toast. Instead of wines that hypothetically turn acid he has to drink whisky, which, perhaps, does not; but this may be—I know not—jumping out of the frying-pan into the fire, in some other

direction. Now is there anyone here to-night who is positively certain that he has ever kept uric acid out of the urine by such means? I am anything but sure myself, but I am not wishing to decide one way or the other offhand. I am only arguing the question with myself, and want you to do the same. As a matter of observation I cannot bring myself to see that dieting of this rigid kind makes any difference in the great majority of the people that I see, and in the absence of any decisive proof from this direction there is considerable difficulty in others also, for the total quantity of free uric acid in the blood seems so small a thing to produce such multitudinous effects; it always seems to me to play somewhat the part of a chemical spinster that has failed to find its mate in some eligible base. And one would think, moreover, from this point of view, that it would be difficult so to regulate the intake of food as to supply "bachelors" and "spinsters" in exactly equal proportions. Now it is maintained that this can be done, and the patient kept free from uricæmia by a diet of vegetables, fruit, and eggs and milk, and curiously—as a sort of ballast, I suppose—of cheese. Meat and fish, game, and all such things go, except occasionally when one of these is allowed, much as I take my occasional glass of beer—that is, are rushed, regardless of consequences. But, with every disposition to agree with such a view, I am sorry to say I cannot make my clinical observation square with it. I allow to the full that it may be correct, but this is how things appear to me. I see that gravel is quite a common thing in even young infants, and that it occurs in childhood—not in the large meat-eaters, as one would suppose, but in those largely fed on farinaceous foods; and, curiously enough, I have strong suspicions that an everyday meal of porridge is a sinner in this respect, although I believe it is one of the permissible articles. I have over and over again put such children on more meat—certainly with no disadvantage—quite the opposite, I think. And as one passes to adult age the people who form the majority of the uric-acid-passers that come before me are not the high-living and obese, but, on the contrary, the deep thinker; the moderate liver, the man who has divested himself of every rag of diet that can possibly be dispensed with, so well has he learned his lesson that diet does all the mischief; the man of spare frame and anxious disposition; and the man who has a struggle to make both ends meet, or whose affairs, after being affluent, are becoming embarrassed. Then the history of stone in the bladder creates a difficulty in accepting the meat origin of uric acid. It is exceedingly common amongst the native population of India, where the people can hardly be accused of eating much meat. It is said to be extremely uncommon amongst the children of the upper classes in England, where meat, as a rule, is eaten in fair quantity. And, as regards morbid conditions that come more particularly under the ken of the physician, I see it sometimes in the hypochondriac and melancholic, and in the dyspeptic; I see it in association with glycosuria, or interchanging with it; I see it again in storms in the course of chronic Bright's disease; and when one comes to think about it the condition is so common that it is impossible to enumerate all, or nearly all, the conditions under which it makes its appearance.

Now, notwithstanding all this diversity in the manner of its appearance, if the patient seeks advice everyone is put through the same mill. Uric acid is the devil, and attempts are made to drive it out. The uric-acid-er is deprived of red meat and sugar, and so on through a long list of the "may not eats" and "may not drinks," until at last the patient is reduced to this: that on asking him what he has been allowed he savagely replies, "Nothing, Sir, nothing! everything that I liked or cared to eat, he cut me off." And as for drugs, again, everyone goes through the same round—hot water, cold water, alkalies, iodides, salicylates, and so on through piperazine up to the latest new uric acid solvent; until at last one arrives, perhaps, at some such collection of drugs as this, jotted down one day from some of the various prescriptions of one of these poor souls. A periodate of something—the iodohydriodide of caffeine, the triiodide of caffeine, the hydrochlorate of pilocarpine, cimicifugin, metaldehyde, hydrochlorate of thallin, tincture of erythrophlœum, and musk. It was not easy to divine the intent and purpose of the administration of these drugs in the particular case; but when I thought upon these things I saw that they were amongst the most expensive luxuries of the apothecary's shop; a dose of any one of them costs more than the best native oyster. Then I saw that the prescribers were well versed in the art and practice of medicine, for I could fancy that all these remedies led, in graduated series, up to the musk, and musk, you know, is a strong stimulant and so far may be called tonic—more particularly when the druggist's bill comes in and you find that you have been swallowing from half-a-crown to four-shilling mouthfuls, and, instead of coaxing each to "linger longer," that it has been gulped down with a rush and put under cover with all the pomp and circumstance of reckless haste. I can very well understand that it is conceivable that in the fire and fury thus engendered even uric acid might find it difficult to preserve its cohesion and might retire in favour of the more commanding force. Now do not let this be considered as expressive of an opinion against these remedies that I have mentioned. I am very fond of musk, for instance, upon occasion, and that occasion I take to be any bad case of typhoid fever, when it is one of the best restoratives that I know. It has gone out of fashion, I think, because it is so very expensive as in some cases to be well-nigh prohibitive. I well remember going to see the wife of a very small tradesman in the east of London who was so desperately ill with typhoid fever that it seemed as if she could not possibly live. I said to my friend, who was in attendance, "The only drug that offers any chance to her is musk, but you must give it sparingly, it is so expensive." I heard no more till perhaps three weeks later, he came into my room with "I say, do you know how much that musk cost? Five pounds!" "Well," I said, "I told you it was expensive; but what of the patient?" "Getting well," said he. "Oh, well," said I——. "Yes, but five pounds!" said he. I remember well, too, another occasion, when a cheery and irresponsible clinical clerk took me to the bedside of a hospital patient and exclaimed with admiration, "This man has ten pounds worth of musk inside him!" But to return to uric acid.

Is it possible that all these things—headache, high tension, epilepsy, convulsions of another sort, hysteria, mental depression, fatigue, asthma, bronchitis, dyspepsia, gout in the stomach, Raynaud's disease, paroxysmal hæmoglobinuria, anæmia, Bright's disease, glycosuria, gout, rheumatism, morbus cordis, and so on—are all produced by this, as I say, excess of a body that we have all, more or less, to become acquainted with? Does it not seem much more rational to look at it as a product that is formed in various ways; that in each it is formed in individual fashion; that it is with these *chemical* products as it is with *structural change;* that there are limits to these; and that, as there are many diseases represented by one anatomical deviation, so it is with uric acid and many another animal output—an ash of some burnt-out fire, an expression on the part of function, as I have elsewhere put it, equivalent to the anatomical one of organic change? I am sure of this, if I am sure of anything, that I have seen many a patient made more and more ill by persistence in a rigid form of dieting to get the uric acid out of the system. It is all very well for a man to make experiments upon himself and then go and preach a universal rule. I maintain that that ignores the very first principle of the art of medicine—viz., that disease is in all cases individualised, and that we have to treat the *individual*, and his *malady through him.* If it were not so we should certainly by now be treating disease by a code of rules, and how happy should we not be? Do you believe that if we were all to turn vegetarians, and even rid ourselves entirely, if it were possible, of uric acid, we should be without that large number of diseases that I have enumerated? It seems to me that such a proposition insults the unconscious instinct of the race, which counts for more than intelligence in such a matter. Surely no Eskimo wou'd confine himself to blubber, and, I believe, take an occasional treat on tallow, if he were not inextricably bound by the imperious law of the necessities of his being. I believe that diet is as much a product of evolution as man himself, and that food that is universally adopted by any race is, on the whole, that which its unconscious instinct has found to be best fitted to it under the various conditions of its environment, chiefly climatic. And, for ourselves, that leads me to a strong belief in the *use*—the use, mind you don't mistake me, not the abuse—of meat and beer for the average Englishman; but I am inclined to think that a study of a nation's diet, and its changes, may give some indication of the slow changes of constitution that it seems to me must come about in the long course of years. And I shall make this admission—if admission it be—that I do not think that the present day inhabitant of our large towns, working all day with his brains and getting no exercise, is so well able to make proper use of his beer as he used to; and it is possible, of course, that we, as a nation, are approaching

a toothless old age which will have to go back to bread and milk as its staple diet, and that the vegetarian perforce of to-day is the grey hair appearing in the national thatch. It may be so, but we will hope not. It is, on the other hand, certain that as the conditions of life slowly change with any people so habits of diet must inevitably change too, and a penetrating and forecasting mind may fairly hope to guide these towards such necessary and permanent changes. But that is a very different thing to saying that all uric-acid-passers are to live on bread and vegetables and fruit exclusively and never to touch beer, and that then their millennium draweth nigh. Therefore it is that I ask you to turn the facts round and look at them the other way before you accept unhesitatingly any exclusively diet theory of uric acid. And I think, if you do, whatever may be true for the *individual* will prove the *exception* for the *majority;* and at any rate I am sure that looking at both sides of the question will be instructive to ourselves and not without advantage to our patients.

Another not uncommon malady that I have something to say about is calculous colic, whether renal or hepatic. Everyone knows a typical case of either sort when he sees it, but it far too often happens that we fail to recognise how very ill localised is pain of this kind. And thus it very often happens that calculous colic figures as pleurodynia, as indigestion, as liver, in some vague way, or as lumbago; and then when anyone suggests gall-stones or gravel the fat is in the fire. A very large number of all the cases of calculus that occur are very indefinite—no jaundice in the one case, no blood or albumen in the urine in the other, and no vomiting in either. And this leads me to say, with reference to the results of gall-stones, that I have seen many cases now where the amount of local swelling and inflammation has been so great, and the resulting tumour so hard, that it was quite easy to mistake the disease for cancer. I remember a case of this kind in Guy's Hospital some years ago, when I quite thought the man to be suffering from cancer, but after he left the hospital he passed a quantity of stones and got quite well. The difficulty lies chiefly with old people—I think I should say old ladies; but whenever there is the least suspicion of acute onset I always think it wise to hold back if we have any tendency to form an opinion of cancer. There is yet another group of cases among the many that I might have talked about where disease is mistreated, not mistaken, and so dealt with for special reasons, as I conceive. First of all, I will take chlorosis or anæmia that occurs in young women. I take it first because its treatment is open to discussion, apparently, and I dare say there are those here who will not agree with me even on such a common disease. The late Sir Andrew Clark taught that these cases were chiefly a matter of constipation, and that if you relieved this the anæmia disappeared. I will not dispute the importance of this part of the disease, but I cannot bring myself to see that it is more than subsidiary; and I certainly accept the old-fashioned doctrine that iron is the remedy. But it is notorious that these people take iron even in full doses and do not get well, and then the medical adviser and his physic get the discredit. Many cases do not do well, it is true, because the iron is not given in large enough doses, or a long course is not sufficiently insisted upon. Still, I do not think this sufficiently explains the many failures, or at any rate the very dilatory course of many cases. I long ago ventured to point out in a paper on this subject what seemed to be a curious difference between cases treated in hospitals and those treated outside. Those in hospitals almost invariably get well in a definite time, and those outside certainly often do not; and the only real difference between the two classes of cases that I can see is that hospital cases are kept in bed for a time. I believe that any patient with severe chlorosis, besides the administration of iron and aperients and being carefully fed, should at the same time spend two or three weeks in bed, and the friends should be made to understand from the commencement that the treatment takes six weeks to thoroughly accomplish its object.

It is in reference to this matter of stating at the outset what is likely to be the *course* of the trouble that I wish to speak of the next two ailments, which I shall couple together, although not in their nature having any special relation. The two affections are chorea and nocturnal incontinence in children. I doubt if there are any two other diseases to be mentioned that bring so much discredit to medicine as these two. Possibly ringworm is worse. I believe this is so because the parents are not made to understand from the outset what they have to expect. These are the cases that are taken off for another opinion, to the so-called consultant, and which I suspect that the general practitioner, in his heart of hearts, is not particularly sorry to lose. And I find that the parents come nearly always with the idea of paying the fee for a prescription that will act offhand as a specific. They have lost heart and confidence because after a long and desultory, possibly even assiduous, attendance so little good has resulted. But I cannot help thinking that if in all such cases the parents were taken into counsel, and it were thoroughly explained to them that a bottle of medicine here and there was of little use—no use at all—that these muscular and nervous eccentricities are exceedingly difficult to eradicate, and that they must be watched closely to get at the bottom of them—I cannot but think that some cases of incontinence might be treated much more successfully than is usually the case. And as regards chorea, if rest in bed were more freely resorted to, the course of many a case would certainly be controlled.

But my time has expired. May I say this more, that if in listening to me any should have thought that my address has been critical rather than an attempt to add to their knowledge, so far as it has really been so it has been so purposely. Many of you will remember that Lord Salisbury in his recent presidential address at the meeting of the British Association at Oxford struck quite a popular note by avoiding the horizon of scientific knowledge and "poking about," so to speak, amid the ashes of what is supposed to be well understood; for what is well understood is but ash, notwithstanding that the phœnix of the world's future rises from it. And this method is a very useful one, and in no region of scientific inquiry is it more necessary than in that of building up the scaffolding of a science of medicine. What are considered as truths abound on all sides of us and form platforms from which we start afresh to conquer the field of disease; and I take it that there are not a few of the methods and aims of medicine that are faulty by reason of the too ready assumption that their bases are unassailable. And one of the ever ready subjects of interest on occasions like this I have found to be one which drives men back upon their own experience and compels them not to accept it, but to question it. To question thus—not cynically, but kindly—friend as it were with friend—for is not experience our best friend, though it may be also our worst enemy?—is an exercise that is pleasurable in itself, at the same time that it broadens and matures our grasp of the problems of disease.

SCHOOL HYGIENE AND THE DISSEMINATION OF INFECTIOUS DISEASES BY BOARDING SCHOOLS.[1]

BY CLEMENT DUKES, M.D., B.S. LOND.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO RUGBY SCHOOL; SENIOR PHYSICIAN TO RUGBY HOSPITAL; HOWARD MEDALLIST OF THE ROYAL STATISTICAL SOCIETY OF LONDON.

THERE are few subjects falling within the range of the British Institute of Public Health of wider import and interest than that to which I propose to call attention—viz., the dissemination of infectious diseases. Its consideration embraces both utility and vitality, and its importance is in inverse proportion to the brevity and ability with which I shall handle it. For many years I have been a propagandist of the principles involved in health at school, and have come to close quarters with all the difficulties which hinder its attainment; but I have never been unmindful that this question, though essentially important in itself, is only a limited portion of a wider subject—a species only of the great genus of Public Health. Anyone who professes to advocate the claims of the former must obviously still more powerfully vindicate those of the latter and larger question. It is the aim of this Congress—the first held in London—to endeavour to provide that, so far as health is concerned, no individual and no section of society shall, by any act of their own, prove a source of danger to the whole community. Restrictions of this character are of the very essence of the liberty of the subject. I have the charge to bring against boarding schools

[1] A paper read at the Congress of the British Institute of Public Health, London, July 20th, 1894.

that they have not exercised sufficient care in this direction, and have not enforced in practice the maxim, so fundamentally associated with human happiness, "of doing as they would be done by." When parents are reticent about the occurrence of infectious diseases at home during the vacations, great is the outcry of boarding schools, and justly so; but when schools commit a similar offence the parent who complains is denounced as unreasonable. And in both cases the public is usually totally ignored, as if it had no right to a voice in the matter. I must, however, in honesty, point out that, of the two offenders, the schools are distinctly the worse. Their action arises sometimes from ignorance (if I may accuse bodies so august of such a fault), and sometimes it is due merely to thoughtlessness; while in some cases a policy of silence betrays an entire absence of conscience, with the result that whatever cause prevails, infectious diseases are sown broadcast. It has been urged that it is a much graver wrong for a parent to introduce an infectious disease into a boarding school with several hundred pupils, than for a school to poison a home consisting perhaps of only a dozen persons. Were this judgment correct it might prove a conscience-comforting reflection for schools; but I question its truth, for in a boarding school ample provision is, or should be, in existence for the limitation of disease, and, moreover, the illness can be confined to the school, whereas in the home no adequate means or method of isolation is so practicable, and consequently the disease is apt to spread from person to person and from home to home, and in its dispersion frequently affect those of more tender years than the school age and among whom the mortality is much higher. However, whatever be the degree of offence, mutual recriminations will not remove it. To effect the desired end the hearty coöperation of all is imperative, instead of administering blame to either section of society—parents or teachers. I therefore intend to-day to plead solely for the interests and protection of the public, and in assuming this position I conceive that I am acting as the truest friend both to parents and schools, since I am conserving their interests as well.

LIFE AT SCHOOL.

Life at school is formed of periods of work and rest. The working time is called "term" time, and each term averages about twelve consecutive weeks, while the resting time is the "vacation," varying from three to eight weeks. Now as there are in all schools three terms and three vacations, it is manifest that the pupils at boarding schools travel in public conveyances six times a year, though where "exeats" still survive these occasions are doubled. In addition, it frequently happens that each pupil, as he convalesces, is sent home, so as to make room for fresh cases as they arise, without any pretence at disinfection—in fact, I believe that some schools scarcely know what this means. It is therefore evident that there is almost a perpetual to-and-fro communication between the home and the boarding school. Contemplate the significance of this fact, where at the most susceptible ages for the invasion of infectious diseases, thousands upon thousands of young people travel in public conveyances at the very least six times annually, unless the most scrupulous care and consideration for others be exercised by the authorities at home and school. Consider, also, the effects produced in this way between school and school where short vacations occur, having the same duration as some of the periods of incubation of infectious diseases; for in this manner the home is spared and the school infected. The greatest enemies to schools on this question are the schools themselves, their action being much more far-reaching than any indiscretions committed by parents. Let me amplify my meaning. A school is afflicted with an infectious disease. As soon as, or even before, the vacation arrives many pupils who have been ill, and before they are free from infection, are dispersed home to all parts of the country, infecting railway carriages and cabs, so that the same or the next occupant, often members of other schools, become infected and spread the disease to their homes, where it is kept alive during the vacation, and then carry infection back to the same school, or to another. In fact, were I asked to name the most likely spots in this country for the starting of infectious diseases *de novo*, I should not name the market-place, the highway, the home, the laundry, the school, the church, the funeral, or the theatre, but the public conveyances. Without hesitation I can assert that I have seen, and known of, more thoughtlessness and evil-doing in this transference of infectious young people—since no one can know that they are infectious, and the communication of disease to their neighbour or their successor in the carriage cannot thus be traced to its real source—than in any other form. Such an act is as deep a breach of integrity as dishonesty in commercial life. In some cases the practice may be due to ignorance; but in most cases it cannot be truly said "they know not what they do." It is frequently designedly done (without, of course, a designedly evil intention) on account of the great inconvenience and expense which infectious illness so frequently entails; but, whatever the motive, the facts must be plainly and distinctly faced and denounced if we are to ensure righteous dealing one towards another. It will be asked, How is it known when an infectious illness has been caught in a railway carriage or other public conveyance? When a pupil goes home from a school where no infectious illness has appeared, or when he returns to school from an isolated country residence where there neither is, nor has been, any infectious illness in the house or neighbourhood, and yet exhibits a malady of this character at the usual period of its incubation, little discernment is required to indicate the origin. And this experience, all things considered, is exceedingly frequent.

HOW INFECTIOUS DISEASES ARE SPREAD BY BOARDING SCHOOLS.

In what way, it will be asked, do boarding schools disseminate infectious diseases, and are they the greatest offenders? From my reference to school life it is evident from the very nature of the system, which involves a change of residence six times a year, that a definite risk is necessarily associated with it. This practice of terms and vacations cannot be abandoned. Those, therefore, who are answerable for the conduct of the system need to be most scrupulous in its working, so that, as far as possible, all unnecessary danger may be avoided. I fear, however, that I shall convince my hearers that the converse is the case. Not by any means universally, for many pupils, parents, teachers, and medical men realise their individual responsibility in this serious subject and scrupulously carry that obligation into effect.

1. *Boarding schools disseminate infectious diseases necessarily.*—The spread of infectious diseases by boarding schools is unfortunately, to a certain extent, necessary by virtue of the existing system, and the susceptibility of the pupils. For instance, the case of illness may prove to be the first attack, and no one know of it, not even the pupil himself, before he started on his journey; or an epidemic may have occurred at a school towards the end of term, and the time arrives for the dispersion of the school for the vacation. Even if the most conscientious care be exercised in seeing that no pupil not perfectly well at starting shall be allowed to leave, still there are a certain number—few, I admit—who will sicken *en route* and prove infectious to the travelling public. This cannot, therefore, be obviated while the present school system is in force. But the home itself, and the school, can be protected by a certificate stating that there is, or has been, infectious illness in either place, and this precaution, I regret to say, is still largely omitted.

2. *Boarding schools disseminate infectious diseases ignorantly, thoughtlessly, or wantonly.*—These faults are committed either by pupils, teachers, and parents, or through the absence of adequate accommodation for sickness. 1. The pupil, well knowing or, to put it as mildly as possible, suspicious that he is suffering from the prevailing disease during the last few hours of term, conceals it from his school-fellows, the school authorities, and the medical man, in order that he may not be detained. In fact, he is not honourable enough to report himself and face the consequences; but this fault will not surprise any one when I state that schools still exist—high-class ones too—which do not isolate their pupils during the period of infection, and some there are which even keep their pupils at work throughout the whole duration of some of the infectious illnesses. Nevertheless, I am glad to be able to testify that some boys do surrender their liberty manfully, though these, unhappily, are largely exceptions. 2. Another motive is that the school authorities, wearied with hard work and exacting duties, and having made immediate arrangements for their well-earned repose, or change of occupation, dispatch the convalescent, but infectious, patients to their homes the moment they are capable of travelling, quite regardless of their infectious condition. But surely, on reflection, no one will gainsay the truth that school arrangements should be so organised that some officials remain at their post until

all the sick are recovered, and capable of travelling with safety to themselves and others. 3. The parent, too, wants his child home for the vacation, "as he will be so dull at school alone," and this natural desire is carried out irrespectively of the injury he may entail upon others. The expressed sentiments, that "the public must take care of themselves," or that "it is no business of his," satisfy his conscience. (4) The accommodation for sickness itself is often so insufficient, and in so large a number of schools no provision exists at all for convalescence, that the moment a pupil is sufficiently well to travel he is despatched home in disregard of consequences to the public during his transit. I have even known one of our greatest schools send a certificate to the parent, for his protection, warning him that his son was full of infection. Whatever other view may be taken of such an act, it was at least honest to the parent, who does not always receive even that consideration. But how about the travelling public? No thought was bestowed upon the fellow-traveller, or upon the next occupant of the railway carriage and cab, who contracts the disease, propagates it at home, transmits it to neighbours, passes it to other schools, and so on *ad infinitum*. In fact, to put it shortly, this line of action is accountable for a great portion of the infectious illness in schools, through the transmission of infection from one school to another by means of the vacations and through the machinery of public conveyances. The boarding school doubtless gains its point in getting rid of an unwelcome pupil for the moment, but it receives a vastly increased and unnecessary amount of infectious disease ultimately by the rebound on the offender itself. Moreover, so serious an infraction of the duty of mutual regard must cause to the perpetrators qualms of conscience which inevitably pursue the commission of dishonourable acts. I could record terribly painful results which have followed this sometimes thoughtless but frequently wilful conduct, involving not only dangerous illness, but death itself. I therefore appeal to the surest, if not the highest, court, when I appeal to self-interest, and urge a complete and conscientious desistance from this indefensible practice. I insist that infectious convalescents should never be permitted to return home or to school until they are able to mingle with relatives and friends with impunity and can travel without leaving a trail of infectious germs *en route*. Finally, all I seek is that, in the interests of the public, no less than in their own, parents and teachers should act unselfishly and do as they would be done by. It may, however, be well to remind them of the fact that to expose in a place of public resort a person infected with any infectious disorder so as to cause the risk of propagating zymotic diseases, is a misdemeanour at common law and liable to a fine (or imprisonment) not exceeding £5. But this only punishes an offence—very difficult of detection—after its commission, and in the interests of the public the State may be called upon to devise means which could be readily effected for its prevention.

THE REMEDIES.

Now the purport of this paper in pointing out these flagrant wrongs is to suggest and insist on the remedies required for their removal. I would propose: 1. That parents should be scrupulously frank in this matter in their dealings with schools. They should furnish a "certificate of health" at the end of each vacation, which the pupil should produce on arrival at school, and if he failed in this he should be isolated until it was forthcoming. This certificate should be signed by the parent or guardian. It would be equally reasonable in a parent to refuse to receive his son home for the holidays without a certificate from the school physician, as it is for the school authorities to insist that they will only accept the signature of the home physician. When infectious illness has occurred in the home during vacation a certificate to that effect should be forwarded to the school authorities for their protection; and, for the safety of the public, the pupil and his belongings should be disinfected before he is permitted to travel. 2. That teachers should likewise furnish a certificate to the parent at the end of every term, certifying what infectious illness, if any, has occurred during the term, and bearing in mind that even a single sporadic case, while it may have infected perhaps only a solitary pupil, may yet transmit it to a fellow-traveller, or propagate it at home, and infect a whole neighbourhood. 3. That schools should make adequate provision not only for the treatment of the illness itself, but also for the retention of all patients until absolutely free from infection, so that no one may travel until he has ceased to be a source of danger to others; that teachers should not send pupils, or parents remove children, or permit them to travel in public conveyances, until all risk of infection has passed. Yet I could record case upon case where teachers, parents, and medical men have failed to observe this righteous rule. If these precautions entail a small extra cost per head per term it should be cheerfully met by parents and teachers, for thousands of pounds per annum would thereby be saved by reason of a diminution in the amount of illness and suffering; of prevention of the subsequent feeble health, which entails stunted growth and the loss of time which should have been devoted to education; and of obviating the frequent partial disablement for life, and occasionally the loss of life itself. Are not these far-reaching results worth some care and cost?

Rugby.

THE EFFECT OF THYROID FEEDING ON SOME TYPES OF INSANITY.

BY S. RUTHERFORD MACPHAIL, M.D. EDIN.,
MEDICAL SUPERINTENDENT, DERBY BOROUGH ASYLUM;
AND
LEWIS C. BRUCE, M.D. EDIN.,
ASSISTANT PHYSICIAN, ROYAL MORNINGSIDE ASYLUM, EDINBURGH; LATE ASSISTANT MEDICAL OFFICER, DERBY BOROUGH ASYLUM.

DURING the last three years the treatment of myxœdema by thyroid extract has revolutionised the prognosis of this disease. This is strikingly illustrated by quotations from the article on Myxœdema in the two last editions of "Quain's Dictionary of Medicine," both from the pen of Dr. Ord: "The progress of the disease is not readily affected by any remedy, the prognosis is altogether unfavourable." "It is evident that in respect to myxœdema we have an effective cure in our hands not yet fully worked out, but even now constituting a very remarkable instance of the advancement of medical science. It is evident, also, that a new method of therapeutics, the extension of which to other organs than the thyroid body offers great possibilities, is hereby added to the science and art of medicine." Most observers are agreed that the thyroid gland exerts some influence direct or indirect on the nervous system. Sanquirico and Canalis affirm that the gland secretes some material which is necessary for the nourishment of the central nervous system. Gibson believes that this is the chief function of the gland, and says "it manufactures some substance specially necessary to the integrity and proper functional activity of the central nervous system." Horsley, on the other hand, regards it as being primarily a blood-forming gland, but he adds that "it secretes some substance useful to the general metabolism of the body." Freud points out that there is a distinct relation between the function of the thyroid gland and the functions of the sexual organs in woman. Defaucamberge, working under Cornil, has found that in phthisis the secretory activity of the gland is decreased. If this occurs in phthisis, there is equal reason for believing that a similar condition is present in other diseases where the bodily metabolism is lowered, and in recent literature thyroid feeding is suggested as a possible treatment for phthisis, cancer, and other cachectic diseases. The noticeable changes in the skin of myxœdemic patients under the influence of thyroid feeding led Byrom Bramwell to employ the drug in the treatment of psoriasis with satisfactory results, although subsequent observers have not had equal success. He has also extended his observations to the effect of thyroid feeding on eczema and lupus. But, next to myxœdema, perhaps the most striking results hitherto published have been obtained by Thomson and Telford Smith in the treatment of cretinism by thyroid extract.

Having been impressed by the febrile condition of patients under the physiological action of the thyroid gland in the reported cases of myxœdema, we argued that we had in thyroid extract a medicine capable of producing a mild feverish condition which could be modified at will by the physician. Psychologists have noticed mental improvement, and frequent recovery, in patients with long-standing insanity after attacks of erysipelas, the exanthemata, and inflammations generally. We thought that by artificial means it might be possible to simulate nature's method of cure in such cases. Clouston says: "I think we shall some day be able to innoculate a septic poison and get a safe and

managable counter-irritant and fever, and so get the 'alterative' effect of such things, and the reaction and the stimulus to nutrition that follow febrile attacks."

In this paper we propose to give briefly the result of our observations on thirty patients in this asylum. The observations extend over a period of eighteen months. The only reported case we have seen in which thyroid feeding was employed in the treatment of insanity is one of acute mania recorded by Dr. Dunlop.

Method of observation.—First of all the patient was weighed, then put to bed, and for four days previously to the administration of the drug the pulse and temperature were observed both morning and evening, and these observations were continued during treatment and convalescence. The urine was collected for quantitative examination, and where possible a blood examination and pulse tracing were made. When the physiological effects of the drug were well marked the observations on the urine and pulse were repeated. The patients stayed in bed for several days after the treatment had been discontinued. When they got up, usually at the end of a week, the weight was again ascertained and a blood examination made. The weights were repeatedly taken during the period of convalescence and for several months afterwards. Mental and physical changes were noted from day to day.

Method of treatment.—After the preliminary observations mentioned in the preceding paragraph, we gave the patients thyroid tabloids thrice daily in doses ranging from thirty to sixty grains, either with the ordinary meal or immediately afterwards. The drug in most cases was administered until a feverish condition was induced for several days. Failing this, we had to be satisfied with increased pulse-rate, flushing of the skin, and perspiration. To guard against dangerous results frequent examinations of the pulse were made. When the pulse became rapid, soft, and compressible the limit of safety of physiological action of the drug was considered to be attained.

The earliest observations were made with glycerine extract of thyroid, but we discarded this as soon as thyroid tabloids came into the market, as a more accurate dosage could thus be given. (Each tabloid equals five grains of fresh sheep's thyroid.)

Individual constitutions differ so much in their power of resisting the action of the drug that the amount of thyroid necessary to produce these results varied to a great extent. Though several of our patients took as large a dose as 150 grains per day without apparent inconvenience, we are now agreed that the best average dose to produce the result aimed at is four tabloids thrice daily (sixty grains). All the cases were treated by internal administration. During treatment the diet was not restricted in any way. After-treatment consisted in the administration of a tonic combined with extra diet.

Types of insanity under observation.—The forms of mental disease comprised mania, melancholia, general paralysis, syphilitic insanity, alcoholic amnesia, delusional insanity, puerperal and lactational insanity, and insanity at the climacteric. None of these patients were myxœdemic.

The physical effects may be considered under the headings of the various systems.

1. *Circulatory system.*—In several cases there was a tendency to fainting when in the upright position. One patient actually fainted when walking from her bed to the bath-room. The changes which occurred in the pulse were the first indication that the drug was affecting the patient. These changes were increased pulse-rate, sometimes as rapid as 150 per minute, increased volume, and diminished tension. In every case the pulse became rapid, and in the majority the tension was lowered. The increased rate was usually combined with excitability or irritability of the pulse—i.e., if while the pulse was being counted the patient coughed, laughed, spoke, or moved, there was a perceptible quickening of the rate. Among the later pulse changes were irregularity, intermission, and compressibility. The sphygmographic tracings taken from the radial pulse coincided with these observations. Four of the cases suffered from organic heart disease. In all, symptoms of cardiac distress were observed when the patient had taken the medicine for some days, and in one the treatment had to be discontinued before the physiological action was reached on account of severe cardiac dyspnœa. Woodhead, in experiments on rabbits, found that heart disease was induced by the administration of thyroid extract.

2. *Respiratory system.*—On an average the respirations were slightly accelerated as the pulse-rate increased. In one case the respirations became very rapid and almost dyspnœic. Five of the cases under observation had symptoms of phthisis pulmonalis, but the disease was not active. The immediate effect of administering thyroid tabloids to these patients was the lighting up of activity in the phthisical areas. On discontinuing the drug the symptoms gradually disappeared. Four out of the five gained weight and are now in better health than when treatment commenced; the fifth is neither better nor worse.

3. *Alimentary system.*—Under the administration of the drug the tongue generally became furred, the appetite diminished, and where the temperature was high thirst increased. Nausea and actual vomiting occurred in several cases. The vomiting did not appear to be cerebral, for all the cases had foul breath and furred tongues, and the symptoms disappeared under stomachic treatment. In the majority of cases the appetite became excessive after cessation of treatment.

4. *Hæmopoietic system.*—The thyroid gland did not appear to be affected in any way. Blood examinations were made with Gowers' hæmocytometer and hæmoglobinometer before and after treatment. The patients were divided into two groups. In the one no other medicinal treatment except thyroid tabloids was used; in the other an iron tonic was combined with the thyroid. The average loss of hæmoglobin in those treated without iron was 5·9 per cent., and the diminution in red blood-corpuscles averaged 7·4 per hæmic unit. On the other hand, those treated with iron and thyroid showed an average loss of 1·9 per cent. in hæmoglobin and an average gain of 1·9 in red blood-corpuscles per hæmic unit.

5. *Integumentary system.*—The skin became moist, and at times the perspiration was profuse. Flushings, especially marked about the face and neck, were likewise constant symptoms. Pigmentation of the skin, if present, disappeared, and the complexion became soft and delicate looking. One case was suffering from acne of the face, and this condition greatly improved under treatment. Desquamation occurred to a greater or less degree in every case after the treatment had been stopped.

6. *Urinary system.*—The average amount of urine passed in forty-eight hours before treatment was 87·2 ounces. The average amount passed when the patients were under the physiological action of the drug was 87·6 ounces. In none of the cases was there any evidence of albuminuria or other abnormality. No observations were made on the amount of urea or uric acid.

7. *Nervous system.*—The voluntary muscles presented symptoms of over-action; fine fibrillar muscular tremors were observed in the tongue, lips, facial muscles, and limbs.

8. *Vaso-motor and nutritive system.*—Flushings of the skin, profuse perspirations, and rapid loss of body weight were very constant symptoms. During convalescence a rapid increase of body weight was the rule. Headaches of more or less severity were frequently complained of. These headaches were relieved by the administration of a mild purgative.

Heat changes.—A true febrile condition was produced in nearly every case. The temperature of patients under thyroid treatment appears to be readily affected by the temperature of the air. We found that in cold weather a larger dose was required to produce the feverish condition; on the other hand, a sudden rise in the atmospheric temperature induced a simultaneous rise in the body temperature of all patients under treatment at that time. The general physical result was a period of malaise and fever during treatment, followed by a period of reaction associated with a feeling of well-being and great power of assimilating large quantities of food.

Mental effects.—The mental condition of patients under the physiological action of thyroid feeding varied greatly. Some became depressed; others emotional, laughing immoderately or weeping without cause. Some became irritable and had outbursts of impotent rage; while, on the other hand, irritable, morose, and bad-tempered subjects showed marked amelioration of these tendencies. Mental improvement was noted in several cases to occur suddenly while the patients were under the influence of thyroid feeding; in others this improvement did not set in until the period of reaction was well advanced, and was frequently preceded by a period of irritability.

Results of treatment.—1. Mania: 4 cases; 2 recovered, 1 was relieved, and 1 temporarily improved and then relapsed. 2. Melancholia: 5 cases; 2 recovered, and 2 were relieved, of whom 1 relapsed and 1 was not improved.

3. Syphilitic insanity: 1 case; no improvement. 4. Alcoholic amnesia: 1 case; no improvement. 5. Chronic insanity: 7 cases, ranging from one to ten years' duration; 2 recovered, 1 was relieved, and 4 were not improved. The two recovered cases were those of females. One was of four years' duration; a few days after treatment had commenced she improved and after a period of irritability during convalescence was discharged. Since her return home she has made further improvement and is now quite well. The other case was of over two years' duration and was regarded as hopeless. After treatment she gradually improved, and was discharged recovered at the end of four months. 6. Puerperal insanity: 4 cases; all made good recoveries. 7. Lactational insanity: 2 cases; 1 recovered; 1 was not improved. The recovered case had been five months under asylum treatment without any benefit. After a course of thyroid feeding she made a satisfactory recovery. The other case improved physically, but there was no corresponding mental change. She had been insane for more than a year. 8. Climacteric insanity: 3 cases; all recovered. One of these cases had been insane for over 1 year and was making no progress prior to thyroid treatment. 9. General paralysis: 3 cases; 1 was relieved, 1 temporarily improved; the third was in no way altered. None of these cases were subjected to thyroid feeding until other means of treatment had failed.

Of the 30 cases 10 were those of males and 20 of females. Of the 10 males, 1 recovered, 5 were relieved, and 4 were not improved. Of the 20 females 13 recovered, 2 were relieved, and 5 were not improved. As will be seen from the following table, in which the patients are divided into recent cases and cases in which the insanity had lasted over a year, the recovery rate in both classes is more satisfactory among women than men.

Recent Cases.

	Recovered.	Relieved.	Not improved.
Males	1	3	3
Females	10	2	1

Chronic Cases.

	Recovered.	Relieved.	Not improved.
Males	0	2	1
Females	3	0	4

Contraindications to the use of thyroid feeding.—Thyroid feeding, in our opinion, is dangerous in cases of acute mania and melancholia where there are rapid loss of body weight and mal-assimilation of food; also in cases where there is active phthisis or valvular disease of the heart. The profound effects of the drug on the circulatory system render it imperative that during treatment, and for at least a week afterwards, the patient should be rigorously confined to bed, and from the unpleasant and at times dangerous effects we have noticed we should not consider ourselves justified in administering thyroid gland without this precaution.

In conclusion, we are strongly of opinion that the administration of thyroid gland under proper precautions is a valuable addition to our armamentarium in the treatment of certain cases of insanity. The observations we made fully justified our anticipations that the production of a true febrile condition and the resulting reaction would prove of benefit in some cases.

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LONDON SCHOOL OF MEDICINE FOR WOMEN: SCHOLARSHIPS.—The School Scholarship of the value of £30 has been awarded to Miss Agnes Edmonds, and the Stuart-Mill Scholarship of the yearly value of £30, tenable for four years, has been carried off by Miss Jessie Lewin. This prize is given by the Countess of Dufferin's Fund, and is open to ladies willing to practise medicine in India. Miss Ethel Vernon and Miss Urania Latham have won the £20 Mackay prizes awarded on the result of the combined class examinations of the first two years' work.

LODGMENT OF A HALF-SOVEREIGN IN THE LARYNX, AND SUBSEQUENTLY IN THE LEFT BRONCHUS; NECROPSY.

BY H. A. LEDIARD, M.D.EDIN., F.R.C.S.ENG.,
SURGEON TO THE CUMBERLAND INFIRMARY AND TO H.M. PRISON, CARLISLE.

IT has been my lot to meet with but three instances of foreign bodies in the air passages. The first was an Indian corn in the larynx, the second was the kernel of a nut in the bronchus, and the third was the case about to be given; and it will be found that circumstances of unusual interest were associated with it, and that the narration is probably justifiable.

The patient, a man twenty-six years of age, on March 17th, 1894, robbed a woman of her purse, which contained a half-sovereign and a sixpenny piece; but, although arrested soon after, the former coin was not found on him, and its absence was remarked upon when the man was tried before Mr. Henry, Recorder for the city of Carlisle, on April 4th. Convicted of felony, the prisoner came under my observation in Carlisle Gaol, and I am permitted by H.M.'s Commissioners to give an account of what occurred subsequently. When the prisoner was passed for labour no complaint was made, but on April 9th he was brought before me. He was slightly built, fairly muscular, but somewhat sallow. His statement was that he had "swallowed a button that he had got in his soup." He further stated that it was a metal button and not a bone button, and he referred the situation of the button to the larynx. When asked to cough a whistling sound was heard with expiration, only over the larynx, with or without the aid of the stethoscope. There was no dyspnœa or cough in particular, and the discomfort was so trifling that my first impression was that the whole story was an imagination. The whistle, however, which accompanied expiration was the only suspicious circumstance. An emetic was ordered, but the next day the whistle was unaltered. I am unable to say whether the voice was more gruff than usual, as there was nothing except a rather guttural speech such as is commonly met with. With the aid of a Priestley Smith portable candle lamp and a laryngoscope a narrow metallic body was seen lying apparently just beneath the vocal cords and nearly parallel to them. The cords moved easily over the foreign body and met accurately as in a healthy person. After a third examination the edge of the foreign body was seen to be milled like a coin, and when I charged him with having swallowed money he admitted at once that it was the half-sovereign for the theft of which he was then in prison. Acting on the supposition that the coin was lodged within the larynx, and not far from the vocal cords, I decided to open the crico-thyroid membrane and to endeavour to grasp it with forceps. Accordingly on April 13th chloroform was administered, and the proposed opening made in the larynx. I failed, however, to either see or touch the coin, and, the forceps having proved futile, I inserted the little finger in the wound and passed it up rapidly into the pharynx, but without touching the coin. At that moment a violent attack of hæmorrhage from the chest came on, and a Durham's tracheotomy tube was quickly inserted in order to prevent possible suffocation. About a pint of blood was lost in a very few minutes, and it seemed probable that the case would end then and there. In the course of ten to fifteen minutes, however, the hæmorrhage ceased. Prior to the operation I was joined in consultation by Mr. G. Murphy and Dr. H. Finley, both of whom were satisfied that the coin was in the situation above stated. Indeed, it is difficult to imagine that it could become arrested, except at that point as the windpipe broadens out below the cricoid cartilage, and I take it that a heavy body such as a half-sovereign would pass from the larynx quickly downwards until arrested at some point where the calibre of the air passage was about its own size. Therefore one must conclude that either during the administration of chloroform or when the larynx was opened the coin left its first situation and passed downwards into the chest. (It will be convenient here to allude to the condition of the right lung. Prior to operation it was recognised that phthisis of the right lung existed, for the right subclavicular region was dull, and moist sounds were present with inspiration. There was also some purulent sputum, but not more than perhaps half an ounce in twenty-four hours. There was no evidence of acute

phthisis.) The chest was now daily examined with a view to determine which bronchus the coin had entered, and from the first the signs seemed to favour the right side. The respiration over the right back was faint as compared with the left, the expiration over the right lung was much prolonged, and in addition the entire expansion of the right lung was much diminished as compared with the left. There was, however, considerable dulness between the spine and the scapula on the right side posteriorly. On the left side the sounds were considered as normal in all respects. Laryngoscopic examination showed the Morrant Baker tracheotomy tube to be occupying very much the position in which the coin had been formerly seen. The patient was now allowed fresh-air exercise, and when he was apparently in his usual health I again attempted to find the coin through the opening in the larynx. On April 25th chloroform was administered, and with Lucas's tracheal forceps, supplied by Messrs. Down Bros. for the purpose, both bronchi were searched diligently, the right side more particularly, but no coin was even touched. During the operation much cough and lividity were induced, but fortunately no hæmorrhage, and the result satisfied me that the forceps were not of sufficient length to reach the coin. Had the opening been made in the trachea no doubt the forceps would have been long enough. Stethoscopic examination was now made daily, and it was again noted that respiration over the right lung was faint. Purulent expectoration was increased somewhat, but it was remarkable how tolerant of instrumentation the air passages proved, for on the following day the temperature and pulse were only slightly raised. On May 1st, with Durham's trachea forceps, a third and last attempt was made under chloroform to reach the coin, and here I must confess that, misled by the stethoscope, I searched the right bronchus only until I was satisfied that no coin was present, and made but a brief trial on the left side. No hæmorrhage from the chest followed. I now reluctantly relinquished the search, and the tube was removed from the windpipe in a day or two. There was now no definite indication that any foreign body was lodged in the air passages, for, failing to discover the coin on the right side of the chest, I deemed it probable that the indications on the right chest before mentioned were due to phthisis of the lung and not to a foreign body, and it was now open to doubt whether the coin seen in the larynx might not have disappeared by the alimentary canal in the course of the disturbance produced by the hæmoptysis accompanying the first operation. The stools, however, had been carefully searched until this hypothesis was rendered almost untenable. The patient now was up and about with the wound in the neck superficial, but on May 10th hæmoptysis spontaneously set in, and increased so rapidly that by evening the pulse was over 100 and the man's strength much reduced. Hæmorrhage recurred with a great rush at 2.30 A.M. on the 11th, and death ensued.

As is customary in prisons, an inquest was held, and on post-mortem examination the half-sovereign was discovered at the bottom of the left bronchus, surrounded by mucus and recent blood clot. The whole of the right lung was adherent; no cavity of any size existed, but considerable fibroid thickening was present along the bronchi. Here and there collections of pus were cut across, and the lung was seen to be broken down around them. Much induration was present along the main divisions of the bronchi. The left lung was nearly healthy, being consolidated at the apex for a small extent only, and it was adherent along the spine for a part of its extent. It was not possible to make out the source of the hæmorrhage, and it was not apparent that the coin had caused any disturbance except slight marks of ulceration on the bronchial mucous membrane, where it had rested. No pneumonia, bronchitis, laryngitis, or tracheal inflammation was present. Measurements of the air passages showed that the coin was lying at a distance of one inch and three-quarters from the bifurcation of the trachea. The measurement from the bifurcation to the cricoid cartilage was three inches and three-quarters, and the wound in the larynx was three-quarters of an inch higher, so that the entire distance from the wound to the coin was six inches and a quarter. There can, therefore, be but little wonder that Lucas's tracheal forceps introduced so high in the air passage failed to touch the coin. The diameter of a half-sovereign is three-quarters of an inch, and from the examination and measurement of the diameter of the man's air passage at the cricoid ring it would seem that there was a narrowing down to something like half an inch, so that it can be readily understood that if arrested at all it would be in the larynx, but that the next resting-place could only be the right or left bronchus, because the trachea would be too large and too smooth in an adult to admit of stoppage of the coin. With regard to the future progress of the case, had hæmorrhage not terminated it so unexpectedly, it is probable that the slight ulceration of the bronchial mucous membrane, where the coin lay, would have been followed by deeper mischief and so caused death at no distant period. So far as the phthisis was concerned there was no reason to doubt that, apart from hæmorrhage, the man might have lived for two or three years.

The case narrated was one which gave considerable anxiety to me as a prison surgeon, and I have no doubt that it will be read by others in a similar position with interest, as some of the difficulties met with were such as are peculiar to prison practice. For instance, the untrustworthy nature of the statements made by old prisoners is a feature not so often met with in hospital practice, and it follows that a surgeon must be guided by his own senses and in some cases disregard statements made to him, for in this case the story of the button having been swallowed was persisted in until my own observations convinced me that a coin was fixed in the larynx. Disappointing as it is to admit the failure of one's efforts to carry out what was desired, still the whole case proved to be a highly instructive one, as it must be admitted that the presence of phthisis in the right lung produced certain symptoms strongly suggesting obstruction of the right bronchus by the half-sovereign—to wit, immobility of the right chest wall, prolonged expiration, and faint inspiration,—whilst the sounds heard over the left lung were in no wise considered to be abnormal. So misleading an association as the presence of a coin and the existence of fibroid phthisis is one surely of very unusual, if not unique, occurrence; but the point in particular to be laid stress on is the fact that a coin, such as a half-sovereign, may lie at the bottom of the left bronchus in such a position that its presence cannot be demonstrated by the stethoscope. With regard to treatment of this case by inversion, the hæmorrhage which occurred so alarmingly at the first operation entirely precluded the adoption of that course. No doubt the weight of a half-sovereign (one drachm) would favour the expulsion if inversion were resorted to, as it did in the case of Mr. Brunel, who discovered for himself that the half-sovereign in his windpipe shifted when the head was lowered. This indication was taken advantage of by Sir Benjamin Brodie, who performed tracheotomy upon the distinguished engineer, and after inversion was fortunate enough to see the coin escape through the mouth.[1]

Carlisle.

A CASE OF TUBAL GESTATION.

RUPTURE OF THE CYST AT THE THIRD TO THE FOURTH MONTH; LAPAROTOMY; RECOVERY.

BY J. E. BRISCOE, L.R.C.P. LOND., M.R.C.S. ENG.

A SMALL, spare woman aged thirty-six years came under my care on Oct. 6th, 1893. She had been married ten years and had had four children, the first eighteen months after marriage, and the last—a long instrumental labour—three years ago. Her periods had been normal in time and quantity, so far as she knew, until the latter part of July, when her last period occurred. On Saturday, Sept. 30th, while sitting at tea, she was seized with sudden acute pain in the body, accompanied by a feeling of great dread. The pain lasted twelve hours and ended with an attack of vomiting. On the sixth day after this attack she began to have vaginal discharge in small quantity, and it was on this account that I saw her for the first time. Examination revealed the cervical softening of pregnancy and a slightly dilated os, from which issued a small quantity of blood. The cervix was lacerated, and the uterus anteverted, with a small degree of anterior flexion, and palpably enlarged. Hitherto she had not had the slightest suspicion of pregnancy, but had been sick through the day and had felt constant pain in the right side of the body. She was at this time attending to her household duties and seemed to be in fair health. Rest in bed was advised, and an opiate

[1] See THE LANCET, May 20th, 1843, and the Times, May 16th, 1843.

administered. On Oct. 7th the discharge had increased during the night, and I removed from the vagina two triangular pieces of decidua, each about two by one and a half inches in area; on the rough surface of each of these was a small extravasation of blood. The os easily admitted the finger, and the uterus was found to be empty. The sound was passed (three and a half inches), and a gentle effort made to replace the uterus. This failed, and nothing further was noticed. I assumed that she was in the first or second month of pregnancy, and that the remaining contents of the uterus had been lost in the discharge. She was soon up and off my list. On the morning of Oct. 15th I was again called. She had had a second attack the night before, similar to the first, commencing as she went upstairs, and lasting less than an hour. She had again been collapsed, and had recovered on producing emesis with oatmeal gruel. Examining her abdomen, I found a mass, which I could just cover with my hand, in the left hypogastric region, extending to within an inch of the middle line. She had noticed it for the first time that morning, and imagined that it had moved. These movements were apparent during my examination. A soft, blowing sound was audible over the lower part of the tumour, and at irregular intervals a "tap, tap," suggestive of the heart sounds of a moribund fœtus. The fundus uteri could be felt just above the symphysis, and deep pressure enabled the mass to be felt per vaginam, quite distinct from the uterus. There were no increase of temperature and no great appearance of illness. A diagnosis of extra-uterine gestation was made and operation advised. While deliberating and arranging she continued in a comfortable condition in bed, noticing from time to time movements in the tumour until 8 P.M. on the evening of Oct. 9th, when after exertion she fainted and remained collapsed for some time. She vomited, but recovered after the administration of stimulants, with the exception of slight abdominal uneasiness. At 12 P.M. she had sudden acute pain across the abdomen, affecting especially the right side, over the tip of the last rib. She continued in a collapsed condition until 5 P.M. The pulse ranged from 100 to 130, the temperature was 98° F., and the respiration 32. There was considerable tympanites, though an enema had acted earlier in the evening. The mass was slightly less prominent, and more tender on pressure. At 8 A.M., the pulse being 128, respiration rapid, and the patient still looking very ill, she was anæsthetised, and the abdomen opened by an incision about four inches in length through the left semi-linear line. A considerable quantity of dark fluid blood escaped on opening the cavity, and masses of dark clot appeared. After sponging these away the surface of the mass was exposed; it was dark purple in colour and highly vascular. The fundus uteri was seen behind the symphysis, and the right tube was felt to be normal. The sigmoid flexure of the colon presented through the wound. The recto-vaginal pouch was filled with blood clot. Before removing these the sac was grasped on each side with clip forceps and a small aspirating needle introduced; no fluid could be withdrawn, but smart bleeding ensued from the puncture. A vertical incision about two inches in length was then made into the sac, the margins retracted widely, and a mass of translucent chorionic villi "bunched" out. On passing the finger round this mass to separate it from the sac it was found to be the outer surface of the placenta, and with the ruptured membranes attached, it was removed, the cord breaking at a distance of three inches. The hæmorrhage consequent on separation was checked by hot sponge pressure and drawing up the sides of the sac. Much fresh clot and a mass composed of old firm clot mixed with villi were then removed. A portion of cord was now seen, and on tracing this downwards a leg of the fœtus was felt; the fœtus was withdrawn from the pelvic cavity by way of the sac through an aperture in its lower, inner, and posterior surface, by which escape had been effected. The sac was drawn up to the surface, and the proximal inch of the tube seen to take no part in its formation. A semicircular row of three thick silk sutures was passed along the base of the sac, the inner dividing the free portion of the tube half an inch from the uterus, the outer coming in close contact with the sigmoid. The pelvis and peritoneal surface were now sponged out, about fifteen ounces of clot being removed. Slight oozing from the pedicle was arrested by passing crossed sutures in a V-shaped fashion below the first row in the broad ligament. The sac was then cut away and the abdomen closed by deep wire and superficial catgut sutures. Recovery was delayed by the persistence of the tympanites for several days (this being eventually removed by purgatives administered with opium), and by the occurrence of a stitch abscess. From the eighth day recovery was rapid, and on the twenty-first she was attending to her housework. She is now in good health and free from pain. Her menstrual periods are regular and normal. The fœtus measured 5½ in. in length, weighed 2 oz., and was fresh in appearance. It was probably at least three months advanced. The cord measured 7 in. in length and was attached eccentrically to a placenta of 2½ in. by 3 in. area. The mass of old clot weighed 3 oz. The proximal portion of tube removed with the sac was thickened, and its lumen would admit a goose quill and was patent into the sac. The rugæ were distinct. The outer portion of the sac was adherent to the sigmoid, and the adhesions appeared to be of long standing, thus accounting for the fact that the sac had not fallen back into Douglas's pouch. To Messrs. Clough and Stott my thanks are due for valuable assistance at the time of operation.

Leeds.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

PTOSIS FOLLOWING HERPES FRONTALIS; RECOVERY.

BY ARTHUR W. HOWARD, M.R.C.S. ENG., L.R.C.P. LOND, &c.,

SURGEON TO THE PENINSULAR AND ORIENTAL STEAMSHIP COMPANY.

ON May 31st, 1894, Captain —— requested me to examine his forehead, saying that he was experiencing severe pain of a smarting character above the left eyebrow, and that he had noticed an eruption of slightly reddish-looking spots over the seat of pain. He said he fancied that two or three days previously he had slept in a draught, and since then he had had slight pain in the frontal region, but since it continued to increase in character, the smarting being much worse at night, he consulted me. When the eruption was first noticed he believed it to be only prickly heat, and beyond dusting a little violet powder on it did not regard it as worthy of notice. On examination I found several groups of vesicles corresponding with the distribution of the supra-orbital and frontal nerves, two of which were nearly a quarter of an inch in diameter; pain of a smarting and somewhat neuralgic type was especially marked just in front of the left external auditory meatus, below the zygoma, passing across towards the nose, along the left side of the nose and over the left upper eyelid. There was also slight pain on the crown of the head, and in the hair I noticed several groups of reddish spots, one or two patches having clear contents. Regarding his general health, his tongue was covered with a thick coating of brownish fur, the bowels were constipated, the appetite was poor, the pulse quick and bounding, and the temperature, with the thermometer in the axilla, 99·8° F. I advised him to keep in his cabin for a few days, as the weather was so treacherous; to dust oxide of zinc over the spots; and to take a mixture of bicarbonate of potash and tincture of rhubarb thrice daily. The following day I found the parotid gland much swollen, with severe pain over the superior maxilla, which was aggravated when the area of distribution of the infra-orbital nerve was pressed; several fresh groups of vesicles had appeared along the side of the nose, over the upper eyelid; and the spots previously mentioned on the forehead had become vesicular. On June 3rd some fresh vesicles had appeared on the forehead. On the 4th the vesicles were still clear, the parotid gland was swollen, and pain was felt at the back of the eyeball. On the 5th there were slight conjunctivitis and swelling around the left eye; the swelling had disappeared from the parotid gland, and the pain on the forehead was less severe. By the 6th, fresh vesicles had developed over the nasal nerve, the eye was much swollen, the vesicles on the forehead were healing, the swelling of the parotid gland was nearly gone, and there was much neuralgic pain on the left side, especially over the exit of the infra-orbital nerve. On the 7th the conjunctivitis was worse, the

patient complained of dimness of sight in the left eye, the episcleral vessels were injected, and marked photophobia was experienced; the pupil was sluggish, and the iris discoloured and dull. The vesicles were nearly healed and the pain less; the swelling of the face was extending to the cervical region. I ordered a lotion composed of three grains of alum, five grains of extract of belladonna, and three minims of a 5 per cent. solution of cocaine to an ounce of water; to be used frequently. On the 9th there were no fresh vesicles; the swelling of the parotid gland had disappeared, and the iritis was better, but there was ptosis of the left side. By the 12th the vesicles had practically healed, leaving scars; the swelling had quite disappeared, and slight fulness only was noticeable over the malar bone, but the pain had ceased; the iritis was gradually disappearing; the pupil was still sluggish; and the photophobia was gone. On the 14th the swelling had disappeared, there was neither fulness nor pain anywhere, the iritis was gone, the pupil on the left side was larger than that on the right side (probably due to the cocaine and belladonna), but ptosis was still marked. I ordered the discontinuance of the cocaine lotion and replaced it by another composed of two grains of sulphate of zinc to an ounce of water. On the 20th both pupils were of equal size, and the ptosis had nearly disappeared. On the 24th the ptosis was gone, and the patient was well in every way.

Remarks.—I have never read of anything quite similar, although in a case recently published in THE LANCET[1] mention was made of a case of herpes accompanied by Bell's paralysis; but here (in the above case) the paralysis was wholly confined to the upper eyelid, and whistling, showing the teeth, frowning &c., were all possible and performed with the same facility as on the unaffected side. I look upon the dilatation of the pupil as being due to inflammatory changes following the iritis, not as a paralysis. As in most cases of herpes of the face, scarring followed, although every precaution was taken to prevent it. The acute pain over the situation of the facial nerve continued some time after the vesicles had ceased to appear, showing, no doubt, that a somewhat acute neuritis had been set up in the first instance. How to explain that ptosis was the only sign of paralysis present is difficult, although at first sight the very severe eruption over the forehead, eyebrow, and upper eyelid—in fact, its limited situation—might account for it, but it does not seem justifiable in my opinion when notice is taken of the several other seats of pain.

Shanghai.

HERPES ZOSTER AFFECTING THE FRONTAL AND DORSAL REGIONS SIMULTANEOUSLY.

By T. R. BRADSHAW, B.A., M.D., M.R.C.P.,
ASSISTANT PHYSICIAN TO THE LIVERPOOL ROYAL INFIRMARY.

IGNORANCE still prevails as to the primary exciting cause of herpes zoster, but there are few diseases whose symptoms and progress are marked by so great a uniformity, and whose natural history is so well known to us. One of its most constant features is its localisation in some definite region of the body, either in the distribution of a single nerve root or, rarely, of two adjacent roots. The simultaneous occurrence of facial and dorsal herpes is so unusual that the following instance of it seems to be worth putting on record.

A man forty-five years of age came to the medical outpatient room of the Liverpool Royal Infirmary on June 14th, 1894. He stated that three days previously he had been attacked by pain in the left side, and on the following day with pain in the left frontal region. He presented an abundant herpetic eruption on the left side of the thorax, about the level of the third intercostal space, the vesicles reaching forwards as far as the sternum, and backwards so as just to transgress the middle line. They were also plentiful on the inner aspect of the arm, down to about three inches above the bend of the elbow, and there was a small patch just above and another just below the joint. Apparently the second dorsal was the nerve affected. A similar eruption was also present on the left half of the forehead, reaching upwards and outwards as far as the hairy scalp. There was a vesicle on the upper eyelid near its free edge. The conjunctiva was much inflamed and painful, and there was a vesicle on its ocular portion, situated about an eighth of an inch externally to the cornea. I saw the man again about a fortnight later. There was some scarring both of the face and chest, but there was no injury done to the eye, and no great pain was felt anywhere. The only case I have found recorded in which frontal and dorsal herpes were present together is one by Mr. Hutchinson in the London Hospital Reports.[1] In this case the right side of the chest and the left side of the forehead were the parts affected.

Rodney-street, Liverpool.

[1] THE LANCET, May 5th, 1894.

HERPES ZOSTER CAUSED BY MENTAL DISTURBANCE.

By ANTONY ROCHE, M.R.C.P., M.R.C.S. IREL.

THERE are few diseases more interesting from a physiological point of view than herpes zoster—the common shingles. Looking over my note-book, I have been struck with the frequency of its occurrence after some cause producing mental depression or anger. I find this has been noticed by others. Bateman says: "Like erysipelas, it has been ascribed by some authors to paroxysms of anger." Schwartz saw three cases which followed violent fits of passion. I have noted the following cases. 1. A woman suddenly received the news that her husband had been ordered to India. The next morning the herpes was noticed on her left side. 2. An old man learned that a firm in which he was interested had failed. That evening the spots appeared on his left side. 3 A woman was much distressed at the sudden illness of her son. On the following morning the herpes had appeared. 4. A child six years of age, of remarkably equitable temperament, was disobedient and sent to bed. She cried very much, and the next morning the herpes was noticed on her left side. 5. Recently a woman consulted me whose only son was shortly to be married. She complained of pains in her left side and a rash, which was that of herpes. She herself ascribed the rash to grief at the parting from her son. I do not know whether it would be right to say *post hoc ergo propter hoc* in all these cases, but I do not think it would be unreasonable. There are many examples of mental disturbance producing sudden trophic changes.

Stephen's-green South, Dublin.

SIX CASES OF TRACHEOTOMY FOR DIPHTHERIA TREATED BY ARONSON'S ANTITOXIN DIPHTHERIÆ.

By ATHEL J. H. SAW, M.B., B.C. CANTAB.,
HOUSE PHYSICIAN, ST. MARY'S HOSPITAL.

BY the courtesy of Sir William Broadbent and Dr. Cheadle, I am able to give the results of the following six cases of tracheotomy for diphtheria in which Aronson's antitoxin diphtheriæ was used. They occurred during the past two months, and were apparently on admission cases of ordinary severity. Tracheotomy was performed on admission in every case except one, in which we were able to postpone it for twenty-four hours. No antiseptics were applied to the pharynx, but the wound was sprayed with a solution of perchloride of mercury (1 in 1000). The ages were respectively (*a*) eleven months, (*b*) five years, (*c*) six years, (*d*) one year and seven months, (*e*) five and a half years, and (*f*) seven years. With the exception of (*a*) the infant of eleven months, they all made a rapid recovery. After the fourth or fifth day the membrane, which previously had come up abundantly through the wound, ceased and the wound was allowed to close. In none of the cases did the wound become unhealthy, neither was there any cellulitis of the neck, although on two occasions the neck showed signs of swelling the morning after the operation. A striking feature of the cases was that by the third or fourth day after the operation the patients' general condition had completely changed. They were bright, took interest in their surroundings, and played with their toys.

With regard to the fatal case, the infant was only eleven months old, and was moribund when admitted. The operation was performed without an anæsthetic, the patient not stirring, and death occurred the following morning. A necropsy showed that the membrane extended into the secondary divisions of the bronchi.

The proportion of recoveries at this hospital during the

[1] Vol. iii., p. 72.

past twelve months in tracheotomy for laryngeal diphtheria (without antitoxin) has been 30 per cent. For twelve years we had not saved the life of a child under two years of age. In this series it will be noticed that there was one child (*d*) of one year and seven months. The plan I adopted was to inject subcutaneously with antiseptic precautions ten minims of Aronson's antitoxin diphtheriæ at intervals of twelve hours for three doses. After that no more was given. In not one of the cases was there any inflammation at the seat of inoculation. There was no doubt about the diagnosis in any of the cases. A typical temperature chart before me shows that the patient had on admission a temperature of 101·8° F., that it remained between 100° and 101° for the first four days, falling on the fifth day and reaching the normal on the sixth, where it remained. The pulse-rates for twelve days were as follows:—144 (on admission), 160, 180, 104, 100, 80, 82, 80, 80, 74, 80, 76. The respiration-rates for the same days were as follows:—32 (on admission), 36, 38, 44, 32, 30, 30, 26, 20, 22, 18, 18.

St. Mary's Hospital, W.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

A SERIES OF CASES ILLUSTRATING THE SUCCESS ATTENDING THE MODERN METHOD OF OPERATION FOR STRANGULATED HERNIA.

(Cases under the care of Mr. BALLANCE.)

WE do not often have a more favourable opportunity of illustrating the immense advance which has taken place during recent years in the treatment of a disease than is presented by the following series of operations for strangulated hernia treated at one hospital by two of the surgeons between Sept. 12th and 22nd last. We purpose to give a short account of all the cases submitted to operation during that period, and would point out that in no case did a fatal result follow the herniotomy. In most of the cases a radical cure was performed at the time. Altogether seventeen patients were admitted between the dates named with symptoms of urgency due to the presence of an irreducible hernia, and, of these, eleven required operation for strangulation; in another, operation with radical cure was performed at a later date for irreducible hernia; four strangulated hernias were reduced without operation, and one case of obstructed umbilical hernia was treated. This was under the care of Mr. Anderson. We also give, as germane to the series, an account of a very instructive case where obstruction of the bowels was caused after taxis, apparently by the incautious use of an aperient. Excessive peristalsis of the bowel above the paralysed part ensued, and the part which had been nipped acted mechanically by its inability to pass on the fluid contents just as if it had been constricted by an inelastic band. We have commenced the series of cases in the order of admission and propose to give notes of the four others which were submitted to operation in the next issue of THE LANCET. For the following abstract of the notes of these cases we are indebted to Mr. Merry, house surgeon.

CASE 1.—A man aged sixty-one years was admitted to St. Thomas's Hospital on Sept. 12th. He had had a hernia for twenty-five years, for which he wore a truss until four years ago. On admission he complained of great pain in his hernia, which followed a fit of coughing and of vomiting for eight hours and a half. On examination a large, tense right scrotal hernia was seen, which was irreducible and without impulse on coughing. It was resonant over the lower third, but dull above. On operation the sac was found to contain about six inches of transverse colon and some omentum. The gut was in a very bad condition, and in one spot especially it was quite black and flabby. However, it was thought capable of recovery, but, as there was a doubt about it, the gut was replaced only just within the internal ring; the sac was dissected out and removed; the pillars were not sutured. A drainage-tube was inserted in the wound as far as the abdominal cavity. The patient made an uninterrupted recovery.

CASE 2.—A man fifty-eight years of age was also admitted to St. Thomas's Hospital on Sept. 12th. This patient had had a left scrotal hernia for forty years, for which he had worn a truss for five or six years. On admission he complained of inability to return the hernia, in which there was great pain, and of nausea, but he had only been sick once. These symptoms had lasted for sixty hours. On examination a large scrotal hernia was found, resonant above but dull below to percussion. There was no impulse on coughing. On operation the sac was found to contain sigmoid flexure deeply congested, but in an otherwise good condition. The sac was twisted and drawn through the tendon of the external oblique above the external ring and fixed there by a tendon stitch. The pillars were sutured with kangaroo tendon. The wound healed by first intention, and the patient made a complete recovery.

CASE 3.—A man sixty-five years of age was admitted to St. Thomas's Hospital on Sept. 13th. He acquired a hernia four years ago, for which a truss was worn. The hernia became irreducible one month previously. On admission he complained of pain in the hernia and inability to return it. There was nausea but no sickness. On examination there was seen a small scrotal hernia, not very tense, but with only slight impulse on coughing. It was dull on percussion. At the operation the sac was found to contain dark-red swollen and inflamed omentum only; this was ligatured and removed, and the stump returned. The sac was freed from its firm adhesions, twisted, and brought up through the tendon of the external oblique, and there ligatured. The pillars of the ring were sutured with kangaroo tendon. The patient made a complete recovery.

CASE 4.—A man thirty-eight years of age was admitted to St. Thomas's Hospital on Sept. 15th. He acquired a hernia twenty years ago while lifting a weight, and wore a truss for eight years afterwards, and then left it off. Sixteen hours before going to the hospital the hernia came down again and its descent was accompanied by great pain and vomiting. On examination a large right scrotal hernia surrounding the testis was discovered. There was but very slight impulse on coughing, and it was dull on percussion. On operation the sac, which was a congenital one, was found to contain many inches of deeply congested small intestine; this was returned. The neck of the sac, which was very adherent, was separated from the cord structures and divided; the upper part was twisted and ligatured with tendon, then carried through and fixed to the oblique tendon some distance above the external ring, and a tunica vaginalis was formed from the part below which was closed with sutures. The pillars were brought together with kangaroo tendon. The patient made an uninterrupted recovery.

CASE 5.—A man thirty-one years of age was admitted to St. Thomas's Hospital on Sept. 15th. He had had a hernia since 1879, for which he had worn a truss. Eight hours before admission the hernia came down, and its descent was attended by great pain and vomiting. On examination a tense scrotal hernia on the right side was found, dull on percussion and devoid of impulse on coughing. On operation the sac was found to contain some congested claret-coloured small intestine and some omentum. The omentum was ligatured, cut off, and the stump and intestine returned. The sac was twisted and brought out through the tendon of the external oblique, and there ligatured. The pillars were closed with kangaroo tendon. He made an uninterrupted recovery.

CASE 6.—A woman sixty-seven years of age was admitted to St. Thomas's Hospital on Sept. 12th. She had had a hernia for twenty-five years, for which she had always worn a truss. She had never experienced any difficulty in reducing it until Sept. 6th, when her attempts at reduction failed. The tumour was tender, but there had been no sickness. On examination there was a tense femoral hernia the size of a hen's egg. This was dull on percussion. At the operation the sac contained dark-coloured congested omentum only. This was transfixed, ligatured, and removed. The sac was freed, ligatured with tendon, and cut off, and the stump returned. Poupart's ligament was then sutured with tendon to the fascia over the pectineus muscle and the wound closed. She made an uneventful recovery.

CASE 7.—A woman seventy years of age was admitted to St. Thomas's Hospital on Sept. 14th. She had had a hernia since 1887, for which she had worn a truss. Four days before

admission, after a fit of coughing, the hernia came down and could not be reduced. She went to the hospital, having suffered great pain and having vomited frequently. She was found to be suffering from strangulated inguinal hernia on the right side. Taxis failing, herniotomy was performed, and the sac found to contain deeply congested small intestine and omentum. The omentum was ligatured, cut off, and the stump returned. The sac was twisted and drawn up through the external oblique tendon, and there sutured. The pillars of the ring were brought together with kangaroo tendon, and the wound closed. Her recovery was complete.

We also add short notes of another case in which an unusual condition followed after reduction of a strangulated hernia by taxis before admission to the hospital on Sept. 12th.

A young man aged twenty-one was taken into the Clayton Ward in a dying state with the history that he had suffered from a strangulated hernia, with great pain and vomiting, and that this had been reduced on Sept. 6th by taxis. He was fairly well on the 7th and on the 8th, but in order to produce an action of the bowels he took two aperient pills on his own responsibility. Shortly afterwards he had great pain in the abdomen and began to vomit; vomiting continued until admission. He was very collapsed, pulse very rapid and feeble, skin profusely sweating, the abdomen was greatly distended, and did not move with respiration. The vomited material was offensive and feculent. Dulness was found on percussion over an area on the right side of the abdomen. Mr. Ballance performed abdominal section the same night. About two inches of small intestine was found to be paralysed where it had been strangulated, the bowel above being greatly distended and dark-red in colour and collapsed below. The intestine which had been in the hernia had nearly recovered its natural appearance, but a line across the bowel above and below could still be made out, where it had been most tightly nipped. The dulness was evidently caused by the collapsed portion. The intestine was opened above the obstruction, a Paul's tube inserted and tied in, and the intestine stitched to the abdominal wound. A large quantity of thin fæcal matter escaped. Death ensued six hours later without relief of the symptoms.

(To be continued.)

LEEDS GENERAL INFIRMARY.

A CASE OF MALIGNANT DISEASE OF THE ASCENDING COLON PRODUCING INTESTINAL OBSTRUCTION; TYPHLOTOMY AND SUBSEQUENT COLECTOMY; BOWEL SUTURED BY HALSTED'S METHOD.

(Under the care of Mr. H. LITTLEWOOD.)

THIS case illustrates in a striking manner the uncertainty which attends the prognosis as to the duration of life after excisions of the bowel for malignant disease, even when the operation has apparently been very successful. The growth was removed a few days after the patient had been admitted to the infirmary for the relief of obstruction of the bowels caused by it. An early favourable moment was taken, when the patient had recovered from the effects of the obstruction, and after careful preparation the whole of the local growth was removed. Secondary growth, of which there was no evidence when the colectomy was performed, proved fatal five months later. We shall probably, in time, be able to define better than we can at present the class of cases in which excision is not advisable, but until some method as yet unknown of exposing the presence of latent secondary growths is found disappointment to the surgeon will follow apparent cure in many of these cases. Mr. Kendal Franks gave the results of fifty-one reported cases some years ago, in which the operation of excision of malignant growth of the colon had been performed. One of these was cured for four years. The mortality as the direct consequence of the operation was 40·8 per cent. The ultimate mode of death of apparently successful excisions of intestine for malignant disease should be made known by the surgeon in charge, so that others may learn; it is a duty owed to the profession. At present the conclusion come to by many is that cancer in any part of the bowel is a hopeless disease, no matter what kind of treatment is carried out.

A woman aged fifty-three was admitted to the Leeds Infirmary on Sept. 10th, 1893, suffering from acute intestinal obstruction. Owing to the absence of Mr. Mayo Robson Mr. Littlewood took charge of the case. Until quite recently the patient had always been healthy, but during the last few months she had lost weight and frequently complained of pain about the umbilicus and the lower part of the back. A fortnight previously, after a hard day's work, she had felt pain in the right side of the abdomen. For some years she had been very constipated. On Sept. 5th a small motion was passed, and since then she had neither passed flatus nor fæces. She had never noticed any slime or blood in the motions. She had vomited incessantly since Sept. 5th. On admission the patient was evidently very ill; she had great pain in the abdomen, which was much distended. Vigorous peristaltic movements could be both seen and felt. The abdomen was resonant on percussion, but owing to the distension no tumour could anywhere be felt. On rectal examination nothing abnormal was found. In the position of the left saphenous opening there was an irreducible swelling; this was dull on percussion and there was no impulse on coughing. The patient said this had been present for several months and did not cause her any discomfort except after a hard day's work; she then thought it increased a little in size. This swelling was thought to be a hydrocele in the sac of a femoral hernia, and not to account for the symptoms. Operation was performed about two hours after admission. Ether having been administered, the swelling in the groin was explored first. This was found to be a hydrocele in the sac of a femoral hernia, and the sac was ligatured at the neck and removed. The abdomen was then explored, an incision four inches in length being made in the middle line, commencing about two inches below the umbilicus. On opening the peritoneum, distended coils of intestine presented, and some fluid escaped. The abdominal cavity was then explored by the hand, and a hard mass was found in the ascending colon fixing it to the parietes. The cæcum and small intestines were enormously distended, and the colon was collapsed on the rectal side of the growth. As the patient's condition would not permit of a prolonged operation the abdominal wound was closed and another made over the cæcum. The cæcum was stitched to the surface and opened. She made a good recovery from the operation, the motions coming away freely from the typhlotomy opening. On Oct. 6th two motions passed per anum. On the 10th, the patient's general condition having greatly improved, it was decided to make an attempt to remove the disease. The cæcum was well washed out and packed with gauze, and the opening into it closed with gauze and collodion. Ether having been administered, a vertical incision about four inches in length was made over the position of the ascending colon; later the incision was prolonged upwards for two inches, and a transverse incision made to the same extent outwards from near its lower extremity. On opening the peritoneum the growth in the colon was at once exposed; it was found situated in the middle of the ascending colon. The colon was a good deal puckered and fixed to the side of the abdominal wall. A flat sponge was packed into the abdomen. The bowel was clamped above and below the growth with Hahn's intestinal clamps and the growth excised with scissors, together with a triangular piece of meso-colon. The bleeding vessels were secured with fine silk ligatures. It was now found that some of the growth fixing the gut to the abdominal wall had not been removed, so this was removed with scissors. The parts were washed out with sterilised salt solution, this solution being used throughout the operation for instruments and sponges. The divided ends of the bowel were now stitched together by the "plain-quilt stitches" of Halsted, fine sterilised silk being used with ordinary round No. 2 sewing needles. About twelve sutures were inserted. The stitches brought the two serous surfaces together, turning in the mucous membrane. The gap in the mesentery was closed with three silk stitches, the parts were cleansed with sterilised salt solution, and the abdominal wound was stitched up in separate layers. The operation lasted one hour and a quarter.

The patient made a good recovery from the operation and was up on Oct. 29th. On Nov. 1st she was having ordinary diet. On Nov. 6th the bowels were opened in the natural way and continued to do so from this date, a small quantity of intestinal contents coming through the typhlotomy opening. On Nov. 18th the patient was prepared by having as little fæcal material as possible in the bowels. Ether having been administered, the edges of the fistula were refreshed and the adherent cæcum was separated from the abdominal wall for about a quarter of an

inch all round without opening the peritoneal cavity. The mucous membrane was inverted and the remaining coats of the bowel were closed over with three "quilt" sutures. The wound in the abdominal wall was also closed. Three days later there was some fæcal discharge from the wound, and this occurring again the next day all the stitches were removed. On Nov. 26th the patient was up and was placed on ordinary diet. She left the infirmary on Dec. 23rd. The fistula had almost closed. She had a rectal evacuation regularly every day. The patient had, however, not felt quite so well during the last few days, her appetite having not been so good. She was carefully examined for return of the growth or secondary deposits, and none could be found. After leaving the infirmary she gradually got worse, and on Feb. 19th, 1894, came under Dr. Chadwick's care as a home-patient at the Leeds Dispensary. On Feb. 19th the patient complained of constant pain in the body and loss of appetite. She appeared to be considerably emaciated. There was some distension of the abdomen due to ascites. Fæces and flatus were passed through a small fistula in the right iliac region, but not in any quantity, by far the larger portion being passed per rectum. On deep palpation over the scar of the enterectomy no return of the growth could be felt. The edge of the liver, which was tender on pressure, could just be felt below the costal margin. Her condition remained very similar until Feb. 25th, when she became jaundiced, was able to take very little food, and slept badly. The liver dulness and ascites were both increasing. On March 5th the liver could be felt quite two inches below the costal margin, with a hard and somewhat irregular edge; the left lobe was much enlarged. On the following day the patient seemed to be much better, the jaundice having almost disappeared; this favourable change was, however, very transient, for two days later the jaundice was as well marked as before. She now lost all desire for food; the liver greatly increased in size, and large nodules could be felt on the surface. The patient rapidly got worse, and died on March 14th, 1894. The day before her death there was some hæmorrhage from the small fæcal fistula. Permission was only granted to examine for a very limited extent the site of the enterectomy; the parts were removed, consisting of the cæcum and ascending colon, together with a portion of the ileum. The ascending colon at the site of the operation was adherent to the omentum and abdominal parietes. There was no return of growth or contraction of the lumen of the bowel at the site of the operation. Several of the silk stitches were seen; they were apparently unaltered and encapsuled with fibrous tissue. The specimen is in the museum of the Medical Department of the Yorkshire College. The patient had evidently died from secondary deposits in the liver.

Report on specimen by Dr. TREVELYAN.—The length of intestine removed was about four inches. The lumen of the gut was practically obliterated by a hard mass, which had chiefly grown from one side, causing a puckering of the intestinal wall. Microscopically the growth was a columnar-celled epithelioma.

Remarks by Mr. LITTLEWOOD.—The foregoing case of enterectomy is, I think, of sufficient interest to be placed on record. A certain number of similar cases have already been recorded, and I hope that the addition of this one to the list may not altogether be devoid of interest and value. There is no unanimity amongst surgeons as to the best way of securing the divided ends of the gut; "bone tubes," "bobbins," &c. have been invented for expediting operative procedures and have certainly answered well, but the amount of time saved has been perhaps a little exaggerated. The method of Halsted—the one adopted in this case—is, I think, well worthy of the careful consideration of operating surgeons. In the case recorded it answered admirably; the condition of the sutured parts five months after the enterectomy showed them to be perfectly united and without any tendency whatever to contraction. The rapid secondary growth in the liver was quite unforeseen, otherwise one would have been contented to have relieved the obstruction by typhlotomy. I have to thank Mr. Walter Thompson, the resident surgical officer, for his valuable help at the operation. I am also greatly indebted to Mr. Haswell, one of the dispensary residents, for the notes after Feb. 19th and for his kindness in making the post-mortem examination.

FREEMASONRY.—Sir James Sawyer, M.D., F.R.C.P. Lond., has been appointed the Grand Senior Warden in the Province of Warwickshire.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

President's Inaugural Address—Hypochondriasis and Nosophobia.

THE first ordinary meeting of this society was held on Oct. 8th, the President, Sir WILLIAM B. DALBY, being in the chair.

The PRESIDENT delivered his inaugural address on the Pleasures of Medicine and Surgery, which will be found published in full in another part of our present issue. The address was listened to with marked attention by a large gathering of Fellows, whose applause at its termination emphasised their opinion of its excellence and ability.

Dr. ALTHAUS then read a paper on Hypochondriasis and Nosophobia. He stated that, while hysteria, epilepsy, chorea, and other neuroses had been eagerly studied of late years, hypochondriasis had been neglected by modern writers, although a copious literature existed on it in earlier times. This was to some extent due to its having recently been confounded, on the one hand, with nosophobia—which was one of the manifestations of encephalasthenia—and, on the other hand, with hypochondriacal insanity, from both of which it was, however, essentially different. The characteristic feature of hypochondriasis as a neurosis was that the patient habitually experienced a variety of distressing and harassing sensations, which were referred to one or several of the viscera, and which engrossed his attention to such an extent that he was led to brood over their significance and eventual issue, and connected them with one or several imaginary illnesses from which he believed himself to be suffering. The sensations were real, but the construction put upon them was false. Dr. Althaus described the peculiar feelings which the hypochondriac was apt to perceive in the head, digestive tract, heart, lungs, and the pelvic organs, laying stress upon the fact that they were not imaginary, as was often assumed, but that the patients were really ill and could not possibly get rid of their disease by simply "pulling themselves together," as they were generally recommended to do. He then described the moral and physical consequences which were apt to follow where the primary condition persisted, and spoke of the principal causes and the eventual issue of the complaint. He considered the seat of the disease to be in some special centre of the brain which regulated the sensibility of the viscera of the body, just as the Rolandic convolutions constituted the sensory-motor area for the voluntary muscles. The seat of this centre was as yet uncertain, and might be in the gyrus fornicatus, or in the occipital lobes, or some other portion of the "latent zone" of the cortex. Disturbance of the visceral centre would explain the immense variety of morbid sensations experienced by hypochondriacs. A similar opinion had been held by Sydenham, who, in the language of his day, ascribed hypochondriasis to "an unequal distribution and rushing about, or ataxy, of the animal spirits." Dr. Althaus then entered into the differences of nosophobia from hypochondriasis, stating that in the former there were no distressing visceral sensations, but that the suffering was purely mental, being the fear entertained by the patient that some malady would overtake him. It was essentially temporary, the individual attack of it being always owing to some definite exciting cause, such as an epidemic of cholera or influenza, or some case of disease occurring in a prominent person, which was discussed in the newspaper press. He gave as an instance of this the case of Napoleon III. when operated upon by Sir Henry Thompson, which caused at the time large numbers of persons to fear that they had stone in the bladder. Similar occurrences had come under his notice in connexion with the cases of the late Crown Prince of Germany and the present Czar of Russia. Where such predisposition once existed, the least unusual sign which might show itself in any part of the body might suffice to set the nosophobic machinery in motion. A congested conjunctiva, a little bleb on the tongue, a slight rash, a cough, a pain in the side, a throbbing in the rectum, turbidity of the urine, or a feeling of numbness in the limbs might make such persons quite wretched for the time being. A variety of nosophobia was a morbid fear of death, or thanatophobia, which had likewise nothing to do with hypochondriasis. Suggestion had little or no influence in

hypochondriasis, but was effective in nosophobia, when a favourable or unfavourable prognosis given had often a truly wonderful effect on the patient's condition. The nosophobist had, as a rule, absolute faith in his medical attendant and his prescriptions, while the hypochondriac was often averse to medicine, and convinced of the incurability of his illness. Dr. Althaus concluded his paper with remarks on treatment, giving the preference to moral and hygienic treatment over that of drugs.—The PRESIDENT recalled a dictum of Sir William Gull that there never was a hypochondriac who had not some taint of insanity in one of his ancestors.

OBSTETRICAL SOCIETY OF LONDON.

Pelvic Inflammation attended with Abscess of the Ovary.—Exhibition of Specimens.

A MEETING of this society was held on Wednesday, Oct. 3rd, Dr. G. E. HERMAN, President, being in the chair.

Dr. CULLINGWORTH read a paper on "Three Cases of Pelvic Inflammation attended with Abscess of the Ovary, with Clinical Remarks." He pointed out that the form of pelvic inflammation with which small suppurating cysts of the ovary and ovarian abscesses were usually associated was not pelvic cellulitis, but salpingitis, the ovarian suppuration being due to secondary infection. He briefly described the course of events when salpingitis was attended with profuse suppuration, showing how the pus may either be confined in the Fallopian tube (by occlusion of the abdominal ostium) or (if the abdominal opening remained patulous) be discharged through that opening and form an intra-peritoneal abscess. He pointed out that, although the usual seat of such an intra-peritoneal abscess was the pouch of Douglas, it might, in cases where the tube had been lifted out of the pelvis by the development of the pregnant uterus, form in a different situation—for example, at the upper and lateral part of the pelvis, near the brim. He showed that wherever the intra-peritoneal abscess was formed it was usual to find the ovary constituting part of its wall. In this way the ovary was specially liable to secondary infection, the more so, probably, if it was already the seat of incipient cystic disease. Three cases were related by Dr. Cullingworth of abscess in the ovary due to secondary infection of this kind. In the first case two separate abscesses were found in the ovary, one at its outer end close to the intra-peritoneal abscess, and one at its inner end some distance away. In the second case there were also two abscesses, but the mischief was more advanced, a communication having been opened up between the two abscesses by a process of ulceration. In the third case a still more advanced stage was seen, the ovary having ruptured and the contents of the abscess having escaped. The first two were puerperal cases, and in them the intra-peritoneal abscess, formed by the discharge of the contents of a suppurating Fallopian tube, was situated high up in the pelvis, close to the edge of the psoas muscle where it overhangs the pelvic brim. In each case the suppurating ovary formed part of the wall of the abscess. These two cases recovered, the third died. Dr. Cullingworth then made a few remarks on some of the modes of termination of ovarian abscess, and on the illusory character of a temporary subsidence of symptoms, with apparent restoration to health, in some of these cases of severe pelvic inflammation; and he concluded with a reference to eighty-three cases in which he had performed abdominal section for non-cellulitic pelvic suppuration. An analysis of these cases showed that ovarian suppuration occurred in a large percentage, and that, next to purulent salpingitis, it was the most frequent form of non-cellulitic suppuration occurring within the female pelvis. Dr. Cullingworth demonstrated the anatomical points bearing on his paper.—Dr. HAYES could not think that Dr. Cullingworth's idea that cases of ovarian abscess and pelvic cellular abscess such as those related in his paper were dependent upon a prior purulent accumulation in a Fallopian tube was at all proven. He (Dr. Hayes) remarked that in the first two cases septic infection was the first step in the morbid phenomena, and surely this was often the cause or precursor of inflammation terminating in abscess—abscess in the cellular tissue, ovary, or tube; in any two, or in all three. Why assign the tube as the infecting source of the ovary or cellular tissue? He failed to understand Dr. Cullingworth's explanation of how so large a collection of pus, so rapidly formed, within the peritoneum, without general infection, could come from some abscess in the ovary, comparatively so small. Dr. Hayes was in full accord with Dr. Cullingworth's method of treatment.—Dr. GALABIN had met with several cases similar to those recorded by Dr. Cullingworth, and he agreed with him that the usual sequence of events was that the suppurative inflammation was communicated from the tube to the ovary. He considered that the liability of the ovary to suppuration in these cases afforded a strong argument in favour of removing the ovaries in instances of double pyo-salpinx, since there might be small foci of commencing suppuration which might escape recognition at the operation. In the case of one patient he had reason to regret that this had not been done. He had found at the operation a peritoneal abscess and pyo-salpinx on the right side and pyo-salpinx on the left. The tubes were lined with cheesy material, apparently tuberculous. The left ovary was removed with the tube; the right ovary could not be found. The patient continued to menstruate, and a sinus remained and there was occasional retention of pus. About a year afterwards a swelling appeared on the right side, and on operation it proved to be the ovary enlarged to more than two inches in diameter, and containing several abscess cavities, one discharging by a sinus. In another case he operated for double pyo-salpinx, and found the ovaries enlarged and inflamed and adherent to the fimbriated ends of the tubes. He removed them both, and found on section several small abscess cavities, apparently suppurating follicles. Puncture during the operation had failed to reveal these. He thought that if the ovaries had been left in this case the sequel might have been similar to that in the former one.—Dr. GRIFFITH remarked that Dr. Cullingworth had not attempted to prove that ovarian abscess was the result of tubal inflammation; the explanation of this, if the fact were proved, would not be easy. It did not seem probable that an inflammation extending from the tube to the surface of the ovary would readily cause suppuration of the substance of the ovary. Dr. Griffith believed that suppuration of the ovaries was usually the result of septic inflammation of the broad ligament occurring after childbirth, abortion, or surgical operations, the stroma, with its lymphatics and bloodvessels, being in direct continuity with the same tissues in the broad ligament. Inflammation of the tubes was commonly present in different degrees in these cases.—Dr. LEWERS said that the last speaker (Dr. Griffith) had spoken of the connexion between inflammatory affections occurring during the puerperium and abscess of the ovary. Some years ago he (Dr. Lewers) described a phlegmon of the broad ligament in a patient who had died shortly after her confinement. In that case, while the inflammatory process between the layers of the broad ligament was only in the stage of phlegmon, yet in the adjoining ovary there was found on section a small abscess containing about a drachm of pus.—The PRESIDENT said that he had seen two cases of ovarian abscess different from those related by Dr. Cullingworth. In each of these two cases there was a small cyst full of pus, which he had enucleated from its bed in the ovary quite easily without rupture and without hæmorrhage. The history of one case was as follows. The patient was married in 1871. Six weeks after marriage she had a severe illness attended with great pain, for which she was in the London Hospital under the care of the late Dr. Head. She was delivered in 1873, and afterwards had an illness described as "inflammation and fever." In 1874 she had a relapse of this illness, and was in the hospital under the care of the late Dr. Palfrey; the diagnosis then made was "pelvic cellulitis." In 1876 and in subsequent years she was under the care of Dr. Herman as an out-patient; but she got no better, occasionally having acute attacks of pain and fever. She became tired of treatment and ceased to attend the hospital. Dyspareunia had been severe since the first illness. In 1891 she again came under treatment, her abdomen was opened, and the suppurated cyst described was removed. The patient now considered herself well. This case showed the chronicity of the morbid process, and also the advance of our power to cure; for doubtless this patient might have, with our present knowledge, been saved twenty years of pain.—Dr. CULLINGWORTH, in reply, said that he had realised all along the difficulty, to which Dr. Griffith had given expression, of explaining how the infection travelled from tube to ovary. It did not seem necessary to invoke, as Dr. Hayes suggested, pyæmia as the cause when there was such strong evidence of a local infection. Dr. Hayes had inquired as

to where the enormous quantity of pus had come from that was found on opening the abdomen in the third case. The answer was that when perforation or rupture of a suppurating ovary or tube had occurred, and the contents escaped amongst the surrounding peritonitic adhesions, a very active suppurative process was often set up, the resulting abscess rapidly assuming a large size. He was grateful to Dr. Galabin for his estimate of the importance of the evidence he had brought forward as to the large proportion of cases in which suppuration of the ovary was associated with tubal disease, and for having called attention to the desirability of removing even apparently normal ovaries in operations for pyo-salpinx. In reply to Dr. Griffith, he believed that the infection passed from tube to ovary directly through their respective walls or from an intervening intra-peritoneal abscess. He considered the case analogous to the infection of certain dermoid tumours of the ovary from the adjacent rectum when the tumours had been bruised during parturition and thus rendered susceptible to infection. He thanked the Fellows for the interest they had taken in the paper.

The following specimens were shown :—

Dr. REMFRY: (1) Tubal Abortion; (2) Pregnancy in a Rudimentary Uterine Horn.

Dr. W. DUNCAN: (1) Cystic Sarcoma of Omentum; (2) Sarcomatous Ovaries; (3) Malignant (?) Disease of Omentum; (4) Dermoid of Left Ovary, pedicle twisted from left to right.

Dr. CULLINGWORTH: Myoma of Uterus, removed by Abdominal Hysterectomy.

Dr. LEWERS: Fibro-cystic Tumour of Uterus.

Mr. TARGETT: Two Cases of Spurious Hermaphroditism (photographs).

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Presidential Address.—The Difficulties of Prognosis in Insanity.—Exhibition of Specimens.

A MEETING of this Society was held on Oct. 5th, Dr. BANNING, President, being in the chair.

The PRESIDENT chose for his subject the Vexed Question of Medical Titles, and treated this from a general practitioner's standpoint. He urged that all general practitioners should be called "Doctor," but that the affix of the letters "M.D." should be reserved for consulting physicians. The almost extinct prefix of "Surgeon" seemed the most appropriate title for hospital surgeons, or for those whose practice consisted chiefly of surgery. In discussing the question of consultants "taking silk," he considered that thereby not only would the busy consultant obtain more leisure, but also a larger income and additional prestige. With reference to the Midwives' Registration Bill, he feared that it would be harmful to the medical profession, in that the registered midwife would endeavour to assume, and in public opinion probably obtain, a position little inferior to that of a medical man.—A hearty vote of thanks to the President for his address was proposed by Dr. ALDERSON.

Dr. H. SUTHERLAND read a paper on the Difficulties of Prognosis in Insanity, the importance of which subject rested on the necessity of deciding financial and matrimonial questions. The chief difficulty consisted in the description by the patient of subjective symptoms of diseases from which he was not suffering. The most important points in forming a prognosis are—(1) the age of the patient, (2) the duration of the attack, and (3) whether it is the first attack. He calculated that from 25 to 50 per cent. of cases admitted into an asylum recovered, and six-sevenths of these recoveries occurred within the first year. The diagnosis of recovery was also considered.—In the discussion which followed Dr. ALDERSON urged the necessity of some mental sanatorium where cases of temporary insanity could be treated without incurring the stigma of having been in an asylum.—Dr. TUKE referred to the difficulty in the diagnosis between general paralysis and chronic mania; he also remarked on the proneness of syphilophobics to suicide.—Drs. STARLING and TRAVERS also took part in the discussion, to which Dr. SUTHERLAND replied.

The following pathological specimens were shown :—

Dr. ROBINSON: A Kitten impacted in a Cat's Pelvis.

Mr. JESSETT: Cancer of Uterus removed by Hysterectomy; three cases.

Mr. BIDWELL: Oxalate Calculus weighing 2¼ oz. removed by Supra-pubic Lithotomy.

BRIGHTON MEDICO-CHIRURGICAL SOCIETY.

Exhibition of Cases and Specimens.—Pruritus Vulvæ et Ani treated by Operation.—Diphtheria treated with Aronson's Antitoxin.

A MEETING of this society was held on Oct. 4th, Mr. VERRALL, President, being in the chair.—Dr. GORDON DILL showed a man suffering from Raynaud's Symptom of "Dead Fingers." All the fingers and the thumbs were at times affected, more especially by cold or emotional excitement. There was no history of hæmoglobinuria, nor could albumen or sugar ever be detected in the urine. There was no increased pulse tension, but occasional gouty symptoms.—Mr. CRESSWELL BABER brought forward a patient from whom he had removed an Adenoma of the Tongue, and also microscopic preparations of the growth.—Dr. A. J. RICHARDSON showed a patient with Rotatory Nystagmus. The left eye had been useless from birth, the details of the fundus could be seen with + 5 D, and at the yellow spot there was a large area of exposed sclerotic, with masses of pigmentation. The right eye showed no choroiditis, but frequent slight rotatory movements.—Mr. VERRALL exhibited a specimen from a case of Sarcoma of the Tonsil. A man aged sixty-four was admitted into the Sussex County Hospital on Sept. 19th with profuse hæmorrhage from a growth springing from the left tonsil. As chloroform was being administered the respirations stopped, so tracheotomy was performed, and the patient was restored by artificial respiration. The common carotid artery was then tied. On the 26th the tonsil had returned to its normal size and the glands in the neck were no longer prominent. On the 29th he died somewhat suddenly. Post mortem behind the posterior pillar of the fauces a small cavity with ulcerated walls was found. It was impossible to detect the point of hæmorrhage. In the tied carotid there was a firm plug on either side of the ligature to the next branch.

Mr. VERRALL then read notes of a severe case of Pruritus Vulvæ et Ani treated by Operation. A woman aged sixty had suffered from irritation about the external genitals for ten years, which had been much worse latterly and increased by the passage of urine, which contained no sugar. The skin of the labia and round the anus was thickened, of a dead white colour, and excoriated. Nearly all the reputed remedies were tried without benefit, so the skin was dissected from the labia minora and the anterior part of the perineum, and was completely removed. The mucous membrane of the vagina and the skin were then united by a continuous suture. Up to now there had been no return whatever of the pruritus.

Mr. FURNER showed the Stomach of a young woman aged twenty-three who had been operated on for Perforation of a Gastric Ulcer. The stomach was very large and markedly hour-glass in shape, and was bound by adhesions to the liver, spleen, pancreas, transverse colon, and diaphragm. There was an ulcer two inches by one inch on the anterior wall, the base of which was adherent to the parietes, and perforation had occurred at its edge. On the posterior wall there was a similarly large ulcer with a thick cicatrised base.

Dr. A. J. RICHARDSON read notes of two cases of Diphtheria treated with Aronson's Antitoxin. 1. A girl aged seven and a half years had patches on the right side of the fauces, the uvula, and in both anterior nares, with at one time 0·2 per cent. of albumen in the urine. After a dose of 0·7 c.c. the local symptoms improved, but the temperature remained high; a further dose of 1·2 c.c. effected nothing, but after the injection of 1·7 c.c. the temperature rapidly fell and the child convalesced. 2. The mother of the above child developed a yellowish patch of membrane on the right tonsil and anterior pillar of the fauces and a typical grey spot beside the uvula. She was injected with 1 c.c. of antitoxin on the second day of the disease and was convalescent on the seventh day. On the second day of the disease the albumen in the urine amounted to 0·1 per cent., but disappeared on the sixth day.

Dr. HOLLIS read notes of two cases of Diphtheria treated with Aronson's Antitoxin. 1. A boy with membrane on the uvula, both tonsils, and anterior pillars of fauces; the pharynx was clear; he was injected with 1 c.c. of antitoxin and speedily recovered. 2. A boy aged four was admitted with dyspnœa and was cyanosed. Tracheotomy was performed. Four hours afterwards 0·8 c.c. of antitoxin was injected, and the temperature gradually rose for four hours. A piece of membrane was removed from the tube. Albumen persisted in the urine for some days, but finally disappeared. The tube was removed on the fifth day, and the child made a good recovery.

Reviews and Notices of Books.

Index of Medicine. By SEYMOUR TAYLOR, M.D. Aberd., M.R.C.P. Lond. London: Smith, Elder, and Co.

THE title and aim of this book can be most lucidly explained by a few extracts from the author's preface: "This ..... work is an index in its title only. ..... My chief object was to compile a work which should be a handy manual for students preparing for their final examinations in medicine at the various examining boards. ..... The book, therefore, can in no sense be considered as a text-book, but it is hoped that students may find it a useful supplement to the treatises on medicine which have been written." With such words Dr. Seymour Taylor disarms criticism in reference to tempting students to read abstracts of medicine instead of the ordinary text-books. We think that such books should be discouraged, but the one now under consideration is decidedly an exception to this general opinion. A student about to enter for an examination who had read Dr. Seymour Taylor's book only would probably fail; but if he had previously conscientiously studied one of the larger text-books he would find very great assistance in tabulating his knowledge by reading this smaller work immediately before the examination. The arrangement of the subject-matter is all that can be desired, and it would form a handy volume for reference not only to students but to the busy practitioner who wishes to refresh his memory on some particular point.

The various diseases are not arranged alphabetically but under the different systems, so that all diseases of the heart, for example, are to be found together. After the primary heading is placed a "definition" of the disease. These definitions are for the most part very well worded, perfectly accurate, and quite up to date. There are a few minor points to which we should take exception, but not many. For example, "Pulmonary Tubercular Phthisis (Consumption)" is one heading. We think it would have been better if Dr. Seymour Taylor had omitted the word "phthisis" and placed it with "consumption" in brackets, naming the condition "Pulmonary Tuberculosis," as many leading physicians of the day have now adopted that nosology; this, however, is still a debated point. The definition of the disease, however, is entirely at one with the latest ideas: "A destructive inflammatory disease of the lungs, usually of a chronic nature, commencing in the connective tissue of the alveoli or in the peribronchial lymphoid tissue, and due to the presence of granular neoplasms called 'tubercles.'" Under another heading is placed "Chronic Interstitial Pneumonia (Fibroid Phthisis)." This is scarcely the most modern notion. It is now generally accepted that fibroid induration of the lung may be of two distinct origins, tuberculous and non-tuberculous. After the "definition" is placed "causation," then "pathology," "symptoms," "physical signs," "diagnosis," "prognosis," and "treatment." The subject-matter is naturally condensed, but it is thoroughly reliable.

There is no difficulty in finding what the reader wants. The printing is clear, and many useful diagrams are introduced. The student is not confused by constant references to many authors, although where a fuller treatment of the subject under consideration is desirable the names of the book and author are introduced into the letterpress, and not as a footnote.

On the whole, Dr. Seymour Taylor may certainly be congratulated on the success of his labours. He has produced exactly what he desired, and the book may confidently be recommended to those for whom it is intended.

Climatic Therapeutics in the Treatment of Pulmonary Tuberculosis. By EDWARD O. OTIS, M.D. Boston. Boston: Damrell and Upham. 1894.

DR. OTIS writes with the view of accentuating two points, the neglect of which, he thinks, is responsible for the frequent failure of the climatic treatment of phthisis: (1) a failure to appreciate the supreme importance of the hygienic management of the disease; and (2) a false conception of the effect of climate *per se*, and often a too exalted idea of its value. "Let us clearly keep this fact before us," he says, "that climate is but one factor, although a most important one, in the treatment of pulmonary tuberculosis, and unless accompanied by good hygienic conditions, wise and constant medical supervision it will in many cases prove but a delusion and a snare." He points to the excellent results obtained at the various sanitaria—Görbersdorf in Silesia, Winyah in Asheville, &c.—as proofs of how much a well-regulated hygiene may help the good effects of a favourable climate. He sums up the advantages of climatic change thus: "First, we can give our patient pure, dry, out-of-door air, and surround him with an aseptic atmosphere. Second, we can give him plenty of sunshine. Third, we can place him under such climatic conditions as will induce a better circulation, promote tissue metamorphosis, improve digestion, and so increase nutrition and constitutional vigour. Fourth, we can give him attenuated air to breathe (mountain air), which will promote chest expansion and a full, free, and constant lung ventilation. Fifth, the out-door life will naturally lead to physical activity in cases suitable for it. Sixth, we remove him oftentimes from the vicious conditions which cause his worry, and place him where he will have an attractive environment and under influences which conduce to tranquility of mind." Dr. Otis believes in the great efficacy of the elevated sanitaria in suitable cases, and gives as examples of these in America the White Mountain region, the Adirondacks, the Asheville plateau, South-western Texas, Southern California, and Western Kansas. The views of Dr. Otis regarding the proper function of climate in the treatment of phthisis are analogous to those put forward by Dr. J. A. Lindsay in his "Climatic Treatment of Consumption," a work from which Dr. Otis quotes freely and to which he acknowledges his indebtedness.

La Sapienza di Francesco Puccinotti. Redatta da FILIPPO MARIOTTI. Roma: Forzani e Cia. [*The Wisdom of Francesco Puccinotti.* Edited by FILIPPO MARIOTTI. Rome: Forzani and Co.] 1894.

THE author of this charming volume has had many qualifications for his task. True, his subject is a physician of a very high order, and he himself has made no special studies in medicine; but he is pre-eminently what has been called an "academically-minded man," who, in the Ministry of Public Instruction, showed the widest sympathies for professional culture of every kind, and who, by his own university career, has gained that "best of all knowledge" in having taught himself "to know what knowledge of a subject means." Besides, he knew personally the man of whose life and work he gives us an account, and formed one of the highly accomplished band of statesmen, lawyers, physicians, *savants*, and men of letters whose common respect and admiration for Francesco Puccinotti was confirmed and enhanced by their individual and mutually checked appreciation—each from his own standpoint—of that many-sided man. In no sense a biography, this portrait of Puccinotti is a masterly "full-length," from which the reader goes away with a far juster and completer conception of the original than might have been derived from any average specimen of the orthodox "Life and Correspondence." With a few vivid strokes Signor Mariotti transports us to Urbino, Puccinotti's birthplace, and reveals the contemporary world on which, at the beginning of the century, the young student in search of a career cast a keenly interrogating eye. The military calling had its fascinations for the youthful compatriot of the First Napoleon; but Moscow, followed by Elba and Waterloo,

disenchanted him, and he ultimately enrolled in that other and nobler service, that "milizia" as Signor Mariotti terms it, "which devotes itself to the sanitary well-being of humanity, and which, with all the weapons borrowed from science, averts the evils which afflict and molest the world, which comforts the heavily visited, and which is always doing good." Puccinotti was singularly fortunate in the order of his studies. Living in a literary atmosphere, he seemed to absorb classical culture with his very life-breath in daily converse with scholars and poets, while natural history and physical science attracted him strongly and, from a delightful recreation, came to be an absorbing pursuit. Thus early refined in taste and judgment, while trained in the observing and investigating powers, he proceeded to the rigorous mathematical discipline of Pavia—passing, that is to say, from the influence of Spallanzani and Volta to that represented by the disciples of Galileo, for whom, as a creator of method and interpreter of natural law, he retained all his life an enthusiastic admiration. Thus equipped, he began the study of medicine in Rome, where in his twenty-third year he graduated with highest honours.

His eminently philosophical mind found no sufficient outlet in general practice, though he never regretted his early initiation in this line of professional activity; and he found more congenial work in studying the typhus fever epidemic as it ravaged Latium and Campania in 1817, and in assailing with combined clinical and logical weapons the then popular modification by Rasori of the Brunonian system. From the chair of Legal Medicine at Macerata he effected most useful reforms in the traditional teaching of that department, so important in a country like Italy, where assassination develops such an infinity of methods, and his "Trattato Medico-Legale sulle Feriti" (Bologna, 1830) may even now be consulted with profit as well as interest. But he lived in revolutionary times, and, although keeping aloof from all but a passive sympathy with freedom and reformed institutions, he fell under suspicion of treason and had to accept a call from the Grand Duke of Tuscany to a clinical post at Pisa. There he lectured on the History of Medicine and collected most of the materials for that splendid "Storia della Medicina" which, conceived at Bologna in 1833, he did not fairly complete till 1868, by which time he had fixed his residence in Florence. He died there in 1872. A special merit of Signor Mariotti's work is the skill with which he makes his subject speak for himself—become his own interpreter, so to say. Hence the propriety of his title, "La Sapienza di Francesco Puccinotti." On almost every page the reader is tempted to make a marginal note by the justness, or the felicity, or the suggestiveness of the ideas or remarks or criticisms culled by the biographer from the great physician's writings. Let us add that the finely humanitarian tone of the book is aptly conveyed in the most exquisite Tuscan idiom, the two authors, Puccinotti and Mariotti, seeming unconsciously to vie with each other as to who should give most felicitous expression to conceptions inspired by the kindliest sympathy with their fellow man and the most ardent belief in his development. The typography, too, is quite in keeping with the literature of the book, being beautifully clear, and even artistic in its elegance.

The London Health Laws. Issued by the Mansion House Council on the Dwellings of the Poor. London, Paris, and Melbourne: Cassell and Co. 1894.

OWING to the alterations in the sanitary laws affecting London and their administration by the passing of the Public Health (London) Act, 1891, and the Local Government Act, 1894, it had become necessary to practically rewrite the whole of this book. The task of doing so has been undertaken for the Council by three of its members—Mr. Chance, Mr. Craies, and Mr. Hodge—to whom we may offer our congratulations upon the successful result. In addition to an explanation of the more important provisions of the Public Health (London) Act, 1891, the Metropolis Management Act, the Metropolis Water Act, and the Housing of the Working Classes Act, 1890, a chapter is devoted to the administration of the law, and there is an appendix containing definitions, names of local authorities, method of election of vestrymen, by-laws of the Local Government Board and County Council, &c. The law affecting sanitary matters as it stands at present is explained by the editors in clear, simple, and concise language; and we think that the book will not only prove of service to those actually engaged in public health work, but that it will supply also a real want to every householder.

LIBRARY TABLE.

Growing Children and Awkward Walking. By T. W. NUNN, F.R.C.S. Eng. London: Kegan Paul, Trench, Trübner, and Co. 1894. pp. 106.—This book is addressed to those who have the duty of watching the growth of the child, and it deals, in small space, with anatomical facts connected with growth, with walking, with awkward walking and special defects, and with various measures which may be adopted for the prevention and correction of the different defects. It is clearly written and some of the similes are happy enough, but in a book dealing with anatomical facts picturesque writing scarcely compensates for the absence of diagrams.

Formulaire des Médicaments Nouveaux et des Médications Nouvelles. By H. BOCQUILLON-LIMOUSIN. Fifth Edition. Paris: J. B. Baillière et Fils. 1894.—This convenient and inexpensive little book has been thoroughly brought up to date by the addition of numerous brief but satisfactory notices of the newest remedies which have been proposed. Dr. Henri Huchard, in an entertaining introduction, refers to the many new remedies "called and the few chosen," and coins the happy term of "therapeutic hysteria" for the eagerness to employ the last new thing; but in spite of his protest in favour of further study of the older remedies his name appears very frequently in this volume as one engaged actively in investigating the properties of the new. In conciseness and accuracy this little book leaves nothing to be desired, and it may well be consulted by all who wish to become acquainted with the composition, the physiological and therapeutic action, and the best modes of employing the numerous new claimants for medical suffrage. The book would have gained in utility if space could have been found for detailed references to the sources of information.

Prescribing and Treatment in the Diseases of Infants and Children. Third Edition. By PHILIP E. MUSKETT, late Surgeon to the Sydney Hospital, &c. London and Edinburgh: Young J. Pentland. 1894.—In his preface the author points out that the subject on which he writes has been much neglected by medical students, who have indeed before entering a general practice but few opportunities of studying the ailments of children and infants, and he properly acknowledges his indebtedness to the works of many well-known writers on the diseases of childhood. He divides the book, which does not deal with the question of diagnosis, into three parts. The first part refers to dosage and therapeutics; under each drug are mentioned the diseases in which it is useful, and the dose to be prescribed at various ages. The second part is an alphabetical list of the diseases of children, with the various treatments found of service. The third part contains some valuable recipes for making foods more digestible and palatable to the sick child. Although perhaps an occasional alteration in type in the first part when referring to the disease, and in the second to the drug recommended, would aid rapid reference, the whole is well and concisely written, is up to date, and should form a serviceable *vade-mecum* for students and practitioners.

De la Contagion de la Folie. Par le Dr. DE BOECK, Médecin Adjoint de la Maison de Santé d'Uccle. Gand: Eug. Vanderhaghen. 1893.—This pamphlet is a reprint from the Bulletin de la Société de Médecine Mentale de Belgique for 1893. The author asks the question whether insanity is contagious, and answers, after inquiry, that it is rarely so, and requires for its production a concourse of exceptional circumstances, the most important of which is a hereditary predisposition. He examines in greater detail "simultaneous" insanity, "communicated" insanity (which he distinguishes from "imposed" insanity), and certain mixed forms of the disorder. To show the rarity of a transference of mental disorder the author quotes Graf as having found that only three cases of the kind occurred among 385 attendants at the Asylum of Wernecke, while, according to Werner, only one case occurred among such persons during thirty-nine years at Roda. A few striking cases are related which show a similarity of external circumstances acting upon kindred organisms and producing a like result. Rare as the affection is, the lesson taught by experience is that those with a predisposition to mental disorder should not be exposed recklessly to the suggestive hallucinations or delusions of the insane.

JOURNALS AND REVIEWS.

Journal of the Sanitary Institute. Vol. XV., Part 2. London: Edward Stanford. July, 1894.—In this number is contained the course of six lectures on Meteorology in relation to Hygiene, arranged by the Royal Meteorological Society in conjunction with the Sanitary Institute. Mr. G. J. Symons, F.R.S., deals with Meteorological Instruments and Sanitary Work; Mr. H. R. Mill, D.Sc., with Temperature of Soil, Water, and Air; Mr. H. R. Scott, F.R.S., with Barometrical Conditions and Air Movements; Mr. Marriott with the Determination and Measurements of Moisture; Dr. Theodore Williams, with Climate in relation to Health and Geographical Distribution of Disease; and Mr. E. Gaster with Fog, Cloud, and Sunshine. All delivered by experts, these lectures leave nothing to be desired; moreover, they afford valuable testimony to the zeal and earnestness with which the Sanitary Institute is carrying on its important work of spreading and popularising the knowledge of matters relating to the public health. Major Isaacs contributes a paper on the Construction of Roads and Streets from a Sanitary Point of View, in which he decides in favour of the use of asphalt for the purpose, and against wood owing to the rapid decay of the latter and the occurrence of putrefaction in the urine and horse-droppings which soak into its fibres and are consequently liable to pollute the atmosphere. Dr. Louis C. Parkes ably reviews the evidence given by the bacteriological witnesses before the Royal Commission on Metropolitan Water-supply; Dr. Vallin summarises the Condition of Hygiene at Paris and in France generally; Mr. Henry Law contributes a paper on Hydraulic Formulæ; and Professor Wynter Blyth writes on Legislation and Law Cases.

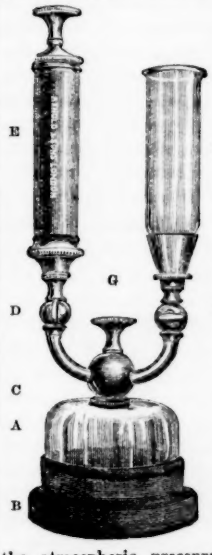
The Dietetic and Hygienic Gazette. New York: The *Gazette* Publishing Company. September, 1894.—Besides a popular article on the Preservation of Hearing by Mr. J. Hobart Egbert, M.A., M.D., Ph.D., and another on Dietetics by Mr. H. F. Slifer, M.D., the bulk of the contents of this number comprises extracts and reprints of the most important papers which have recently been contributed to dietetics and hygiene. The selection of information is good, and the journal doubtless serves a useful purpose in collecting valuable information scattered in numerous periodicals which would otherwise escape the attention of ordinary readers.

The Psychological Review. London: Macmillan and Co. September, 1894.—The papers in this number are somewhat technical in their character. The Studies from the Harvard Psychological Laboratory deal with such subjects as the motor power of ideas, memory, the localisation of sound, association, and æsthetics of simple forms. There is a paper on the Imagery of American Students by Professor A. C. Armstrong, containing an analysis of the replies made by 188 American students to the well-known questions of Mr. Francis Galton on "Visualising and other Allied Faculties." The result seems to show that the visualising capacity of American students is higher than that of the English men of science and of letters whom Mr. Galton examined. "The most striking phenomenon shown is the intimate relation of imagery and attention and the effect of the latter on the various phases and characteristics of the former." Dr. Lightner Witmer writes on the "Pendulum as a Control Instrument for the Hipp Chronoscope." There is a discussion on the Physical Basis of Emotion. The reviews, as usual, are very ably done.

New Inventions.

AN IMPROVED APPARATUS FOR THE INTRODUCTION OF FLUIDS INTO THE SKIN UNDER PRESSURE.

THIS apparatus consists of a strong glass bell jar (A) of low height, with a flattened indiarubber ring pad (B) securely fixed around the rim and an opening at the top, into which is screwed a metal two-way tube (C), each branch being furnished with a stopcock (D, D'). Into one of the tubes is fixed vertically an exhaust syringe (E), and into the other a glass tube (F) to contain the liquid which is to be applied.



In using the instrument the stopcock D is closed and about a drachm of the liquid poured into the tube F. The apparatus is then placed over the part to be treated. Being gently pressed on by a finger of the left hand placed on the button G, the pump E is now worked with the stopcock D open. A partial vacuum in the bell-jar is at once produced, the surface of the integument enclosed becomes convex, and the bell-jar remains fixed over the skin by the atmospheric pressure acting from above. The stopcock D is then closed and D' opened; the liquid in the tube rushes in and impinges upon the surface below. The instrument is held in position, the stopcock D' closed and D opened, and the pump again worked, and D' afterwards opened. This may be repeated several times, the object being to suck out as much air as possible from the pores of the skin and in its place to force in the liquid by the atmospheric pressure. A large excess of liquid is unnecessary; what remains when the instrument is removed may be mopped up with absorbent cotton-wool. I have employed this instrument with considerable success in the treatment of obstinate cases of ringworm of the scalp, and recommend immediately before using it that the child's head be shaved, washed first with soft-soap and warm water, then with alcohol, and lastly with ether to remove fatty matter and débris, and, before shaving, the epilation of as many diseased hairs as possible. The fluid that I have chiefly employed has been pure creasote. The applications may be made every second or third day, and meanwhile the scalp should be kept inunected with an anti-parasitic ointment, such as: carbolic acid, salicylic acid, of each from half a drachm to a drachm; lanoline ointment (or vaseline) one ounce. The instrument has been constructed under my directions by Messrs. Arnold and Sons of West Smithfield, who supply with each two bell-glasses of different sizes, which can be easily screwed to the metal part.

Henrietta-street, W. P. S. ABRAHAM.

THE LANCET.

LONDON: SATURDAY, OCTOBER 13, 1894.

THE delicate questions which arise when a patient seeks the advice of a consultant without reference to or from his ordinary medical adviser have been alluded to lately, as often before, in our columns. We are glad to say that they have been taken up by a consultant—one who boasts of old-fashioned loyalty to the old-fashioned custom of advising a patient only through and conjointly with his regular medical attendant. It is certain that this is the rule and tradition of the profession, though there may be sometimes reason to doubt it by the frequency with which it is ignored even by respected members of the profession. Happily we are not yet allowed to forget the courtesies of the profession. There are still consultants who insist on consulting the general practitioner, and who treat him as one who is entitled to be considered for his own sake, and whom it is eminently right to consider and to consult in the interest of the patient. The consultants who ignore the general practitioner should refresh their memory—not to say their morals—by taking down their "Percival" and reading more particularly the third chapter — that "Of the Conduct of Physicians towards Apothecaries." By substituting the word "consultants" for that of "physicians," and the words "general practitioners" for "apothecaries," and with a few allowances for the altered state of law and custom, we have an admirable account of the respect that should be paid by the consultant to the ordinary adviser of the patient. The following is PERCIVAL'S general statement of the case: "The apothecary is, in almost every instance, the precursor of the physician; and, being acquainted with the rise and progress of the disease, with the hereditary constitution, habits, and disposition of the patient, he may furnish very important information. It is in general, therefore, expedient—and where health or life are at stake expediency becomes a moral duty—to confer with the apothecary before any decisive plan of treatment is adopted; to hear his account of the malady, of the remedies which have been administered, of the effects produced by them, and of his whole experience concerning the *juvantia* and *lædentia* in the case. Nor should the future attendance of the apothecary be superseded by the physician. For if he be a man of honour, judgment, and propriety of behaviour he will be a most valuable auxiliary through the whole course of the disorder by his attention to varying symptoms; by the enforcement of medical directions; by obviating misapprehensions in the patient or his family; by strengthening the authority of the physician; and by being at all times an easy and friendly medium of communication."

We make no apology for the length of this extract, which must, for all time, represent the claims of the man who is in regular attendance to the consideration of the consultant who is resorted to in an emergency or where the means used by the ordinary adviser have not succeeded. The application of the principle, here laid down so clearly, to individual cases is, of course, another matter, and one for the exercise of much discretion. Some may be ready to say that the general practitioner can no longer be compared to the old apothecary; any difference there is, however, only enhances the force of the principle. The general practitioner is a better educated man. He is not necessarily an apothecary at all. He is presumably a man of good general education, and qualified in medicine, surgery, and midwifery, with possibly a fair knowledge of one or two specialties. All these differences help to increase his claim to be respected by the consultant. The essence of the question consists rather in the relation of the general practitioner and the consultant to the particular case than in their respective degrees of knowledge. The general practitioner knows the patient and the history of his case and of his family. He has the responsibility of the constant charge of it. The furtive consultation, without his knowledge, or without his own account of the case and its treatment, may be unjust to him as well as injurious to the patient. One of our correspondents seems to suggest that the more devoted to specialism a consultant is the more likely is he to be deficient in this sense of honour and courtesy to the general practitioner. This is a severe reflection on specialism and gives rise to curious psychological reflections. It is only fair to say that our correspondent, "A Loyal Consultant," is one of the class of specialists, and that there are specialists who are as punctilious in their courtesy to the general practitioner as any general physician of the old school. There can be no doubt about the justice of the old practice as explained by PERCIVAL. It is dictated by every consideration of the patient's interest and that of the practitioner; and only a very shortsighted man would say that it is not also the interest of the consultant himself to act in coöperation with the general practitioner. The duty of a consultant is not altogether an enviable one. He has to form an opinion in fifteen or twenty minutes on complicated facts, and he has no security against error and no help to a sound conclusion greater than is implied in consultation with the practitioner who has watched the case for a long time. There may be consultants or specialists who aim at superseding and dispensing with the general practitioner, even in the case which he has introduced to them. We do not believe there are many such, or that their example will permanently affect the *morale* of the profession, which is *one*, whatever the necessary division of labour among its members imposed by modern conditions. One element in this question should never be overlooked, and that is the freedom of the patient. There may be cases in which the patient wishes for an independent opinion. They are few, and it is seldom his interest to act without the concurrence of his regular adviser, supposing him to be a man of honesty and judgment; but the patient may think otherwise. We are not prepared to say that he is not entitled to any number of independent opinions, though we should pity him in the multiplication of them. What we do say is that in such folly he should have no countenance from the consultant, who should in every case

seek to know, and to coöperate, with the ordinary medical attendant.

"UNEQUAL distribution" is as conspicuous in the physical as in the moral world—the blessing of warmth being as apparently capricious in its incidence as that of wealth; while rainfall visits regions where drought would have been welcome, and conversely. The recent summer has afforded ample proof of this. June, July, and August north of the Alps were often well-nigh wintry in temperature, especially in Switzerland and Savoy. On the Italian side, again, the heat was uniformly intense, and the drought little short of disastrous. Within the last few weeks the Peninsula has in many districts been as parched as the Sahara, and forest fires have been as numerous and as widespread as in any similar period on record. The Riviera Levante, and even the Riviera Ponente, have both sustained much loss in woodland and plantation; west and east of Genoa, and notably on the Tuscan, Neapolitan, and Calabrian littoral, the consumption of timber by conflagration has been terrible. The fact that the regions thus visited have been mainly those in which the anarchist uprisings of the last spring were most formidable seemed, indeed, to favour the suspicion that the vindicative incendiary had been at work, and that the excessive drought had supplied him with an all too golden opportunity of avenging himself on "society." But inquiry into the circumstances of these forest fires gave them in every case a quite natural origin; and the coöperation of the Anarchist clubs themselves in extinguishing them as they occurred was too spontaneous and uniform to warrant the idea of arson. The phenomenon of wood conflagration followed persistently the protracted drought throughout the subtropical world and even in the lower latitudes of the temperate zone, America having lately afforded a tremendous and appalling instance, and Algeria having been scarcely less severely visited than the Adriatic and Mediterranean seaboards of Italy.

The sudden withdrawal from the earth's surface of so vast an area of forest growth is a grave calamity, the results of which must make themselves felt to the detriment of many interests. For countries which, like Italy, derive their chief revenue from the soil, this denudation of wood, following as it does on centuries of reckless tree-felling, is, indeed, disastrous. Her once great wealth in timber has of late years been reduced to absolute poverty in that essential of a maritime people; but this, although deplorable, is by no means the worst sequela. Let us look for a moment at what the function of forest growth is, so as to estimate the sufferings inflicted by its removal. A large extent of woodland, particularly on the Alpine slopes, hastens the melting of snow, prevents its accumulation, and obviates the evils which its sudden liquefaction when it has grown to portentous proportions invariably causes by swelling the affluents of the main rivers and inducing destructive inundations. Every year the Alta Italia, where the woodman has for ages been at work, is subjected to floods more and more devastating, till by the washing away of the earth from the hillsides the reparation of the evil by replanting is made impossible. The disappearance of forest growth, moreover, deprives the region thus impoverished of an antagonist to the stronger air currents and impetuous winds, whether cold or warm—an antagonist whose efficacy is further seen in the diminution of hailstorms in the valleys and plains. Woods, particularly those which attain considerable altitude, act as lightning conductors to their locality, and, indeed, exercise a climatic influence which is never appreciated till it is withdrawn. When consisting of trees of lofty stem, they attract the clouds when the soil is too dry; they induce a gradual and gentle rainfall, and supply the earth with grateful and vivifying moisture not in excess. When, on the other hand, the soil suffers from the opposite condition—that of undue humidity, they give back by evaporation the surplus to the heavens, and, in turn, produce clouds which dissolve in rain, not so much over the region itself as over remoter and thirsting localities to which the winds transport them. Woods are, in fact, a factor in atmospheric equilibrium, rendering rainfall more frequent, less heavy, and less violent—a function which is all too painfully realised when it is impaired or annihilated by their destruction, and when the gentle and never long absent shower is exchanged for the comparatively rare but torrential downpour which sweeps away the products of months of toil.

The hygienic influence of forest growth is hardly less considerable than what may be called its economic effect. In many regions, not of Italy only, but bordering on the Atlantic seaboard and lying even inland, as in France and Austria-Hungary, the presence of a pine wood means not only a "leafy screen," giving shelter and shade, but a perennial source of grateful and salutary effluvia, of distinctly therapeutic virtue in ailments of the respiratory organs. So also the laurel groves south of Ostia on the Latin shore proved so efficacious a resort in the plague that devastated Rome and its Campagna at the close of the second century that from the distillation of its leaves an "elixir" was prepared which had much acceptance as a specific at the time. The reclamation of waste lands haunted by malaria has become in the same region *un fait accompli* by the planting of the eucalyptus, whose rapid absorption of water drains and depurates the soil, even if the virtue ascribed to it in antagonising the malaria poison belongs to theory rather than science. That the forest, however, has a power of consuming many organic substances which favour microbes or parasitic germs is denied by no one after the late Professor CANTANI'S memorable monograph "Pro Silvis," while the same pathologist's illustrations of the effects of conifers in malarious districts and in soils labouring under certain insanitary conditions are now among the *loci communes* of hygienic literature.

Evidence brought before the Italian Legislature in the many debates on the foresting of the Peninsula has confirmed the fact that the climate of whole provinces has changed for the worse by the denudation of their forest-growth—to the grave deterioration of the public health, among other disastrous consequences. If indeed there was a country in Europe less fitted to stand a further loss of its woods than another, that country was Italy. And now the reports of the last month or so have put on record a greater destruction of timber by conflagration within her borders than in any other continental State. For the approaching winter this means a fuel famine—an alarming outlook to many of the poorer communes. But other sequelæ

less immediate and even more disastrous may be expected from the visitation. These are the aggravation of floods in spring and hailstorms in summer, with their sinister consequences; the disturbance of temperature in many resorts which subsist on their attractions for the invalid; the loss of specific virtues inherent in the woods destroyed—notably on the Ligurian and Neapolitan littoral; to say nothing of the sacrifice of that "amenity" which of itself brings the "foreign import," and, with him, the increase of revenue on which impoverished and overtaxed Italy so largely depends.

THE unwholesomeness of penny ices sold in our streets has been a constant theme in THE LANCET.[1] Again and again cases have been reported in which illness has undoubtedly been the result of consuming ices which were unwholesome for one reason or another—at one time because injurious ingredients had been used in their composition, and at another, and more frequently, because they had been made under the dirtiest surroundings imaginable. That this last is a more probable source of evil was pretty clearly shown in the report of THE LANCET Commission of 1879,[2] in which some remarkable and repulsive facts were brought to light concerning the sanitary condition of the Italian quarter in and around Saffron-hill, where cheap ices were then and are now mostly made. In many of the houses of this quarter our Commissioners found an insanitary state of things as was almost beyond description. The rooms contained as many double beds as could be got into them; there were no washstands, no basins, no towels—nothing but beds with very scanty, filthy, black bedding swarming with vermin. Other places were described as being shockingly overcrowded, and tenanted indiscriminately by persons of both sexes—men, women, and children—who were sleeping in one room, and to whom personal cleanliness, alike the need for it and the ways to obtain it, was an absolute stranger. In the spaces at the rear of the houses, where probably the manufacture of ices was carried on, were found receptacles from which the contents (consisting of a most offensive mixture of soap-suds, rotten refuse of eggs used for ices, and vegetable and household refuse) leaked, converting the floor into a veritable quagmire of indescribable offensiveness. As each flagstone tilted up when trod upon, it liberated from underneath effluvia which accentuated the surrounding bad odours. So defective were the drainage arrangements that in some houses the pipes were stopped up, so that their contents overflowed, and the inhabitants had to place planks on the stones in order to step from house to house without treading in the sewage matter lying exposed in the open courts. The milk, the eggs, the corn-flour mixtures, &c., used to make the ices were left standing in the foulest dens, where they were exposed to noxious emanations that infected the atmosphere, and where they were boiled and mixed in the same saucepans and cauldrons in which the Italians scalded and washed their linen. No wonder that our Commissioners arrived at the conclusion that the entire moral, social, and sanitary conditions of the Italian colony called for immediate reform.

It is, therefore, no matter for surprise to us, as it appears to have been quite recently to Dr. KLEIN, to learn that in a recent bacterioscopic examination of ice creams and of the water used for rinsing ice cream glasses he was able to cultivate from both specimens a large number—indeed, an almost uncountable number—of colonies of bacteria; and that among these colonies there was a considerable number which, on subculture, proved to consist of the bacillus coli communis, the normal inhabitant of the bowels of man and animals. In other growths from specimens of ices and from rinsings of glasses he obtained an enormous number of small liquefying colonies of a proteus-like bacillus which was identical with that found in the intestinal contents of a child who had died from acute diarrhœa. There is very little doubt in the light of these results that the ices must have been dangerously polluted with fæcal matter. Details of the bacteriological experiments to which we refer are described in a report which Mr. A. E. HARRIS, medical officer of health, has just presented to the chairman and members of the Public Health Committee of St. Mary's, Islington, and which had its origin in some urgent representations in regard to ice creams made by him to the committee some time previously. The report does not present to us, we are bound to say, any fresh facts in regard to the filthy and disgusting habits of those engaged in the penny ice making trade, since the conditions under which cheap ices were prepared were fully exposed and denounced as far back as 1879 in these columns in the report of the Commission already referred to; but the bacteriological results are of especial interest as affording precise evidence of a danger in cheap ices, the probable existence of which our Commissioners' report practically anticipated fifteen years ago and before bacteriology had become an exact science. All the more scandalous is it that no legislative steps have since been taken by means of which the manufacture of ice creams could be State-controlled, so that ice cream makers, as Dr. KLEIN observes, might be no longer allowed the licence of distributing the germs of disease broadcast. It avails nothing for the health of the community at large if in one place we strive hard to secure perfect sanitation, while in another we allow the existence of conditions which foster disease in just those channels which must lead to its widespread distribution.

THE death of OLIVER WENDELL HOLMES must necessarily appeal with particular force to all who follow, as he followed, the profession of healing. While the purely literary world is lamenting the loss of the brilliant essayist, the delicate poet, the spontaneous humourist, the ever sympathetic, ever appreciative colleague, we are lamenting in him the medical man of letters. In so doing we are not debarred from admiring sincerely, even fervently, his great and fascinating qualities, but it is in his character of a physician that he makes special appeal to us. And this is the more right that it is in the character of physician that he himself makes many of his most intimate claims upon the attention and affection of his readers. The medical men of letters are a comparatively small

[1] See THE LANCET, vol. ii., 1884, p. 441; vol. ii., 1885, p. 537; vol. ii., 1886, p. 398; vol. ii., 1878, p. 264; vol. ii., 1888, p. 433; vol. ii., 1891, p. 139; vol. ii., 1892, pp. 156 and 498; vol. ii., 1893, pp. 316 and 1011; vol. i., 1894, p. 427.

[2] THE LANCET, vol. ii. 1879, p. 590.

band. The names of SMOLLETT, THOMAS BROWNE, and JOHN BROWN at once occur to us; KEATS and GOLDSMITH both served an apprenticeship to our art; and more than one living physician is a good as well as a popular novelist; but the union of medicine and letters is rare. OLIVER WENDELL HOLMES was not only an example of this rare class, but in many respects he was a unique example; for in him the physician—now as anatomist or physiologist, now as psychologist, now as diagnostician—was ever present and ever speaking. He wrote no book without drawing largely upon his scientific experience; he displayed in all his literary workmanship, in thought as much as in expression, an accurate tolerance—a capability of taking the large view, with a resolve to be correct about small things—that we make bold to say, as he would often proudly say, had been largely developed by his particular training; and many of his wittiest little parables and paraphrases—many of the most characteristic sayings of those three charming rulers of the Breakfast-table—were the direct outcome of his medical learning.

Si sic omnes! For the public nowadays is suffering from a surfeit of medicine in its literature. Heredity and the transmission of physiological or psychological taints; sexual problems; problems in mental pathology form the essence of the work of a large school of writers. Sometimes the work is well done and sometimes extremely ill done. Now and again the great romancer will by a few illuminating words supply a real contribution to the scientific side of psychology; more often we are asked to solace ourselves after the day's work with long-drawn questions pruriently put and left unanswered by a string of pompous deductions. And so we say: Ah, if all were like the Autocrat of the Breakfast-table! Would that all our advanced novelists would recognise, first, that it is necessary to know before instructing and to see before leading, if the ditch is to be avoided; and, second, that there is wisdom in restraint and an art in remaining silent—that furibund descriptions of animalism, if accurate, are inappropriate in general literature, and that to display to common gaze a dissection of the morbid imaginings of the sick mind may be an act of positive indecency. OLIVER WENDELL HOLMES was a man who knew. Whither he would lead, his readers might always be content to follow without fear of the ditch. His science was sound, his wisdom indubitable, and his powers of observation and introspection were of the acutest. And how did he use them? Not by shirking the responsibilities laid upon him by his possession of exceptional knowledge, as great men have before now done through fear of giving offence; on the contrary, his whole work is pervaded by his particular learning. And not by persistently presenting to the mental eye the dissected body or the sick soul, the charnel-house, the bordel, or the asylum; on the contrary, his multifarious writings are absolutely free from the taint of nastiness. OLIVER WENDELL HOLMES used his beautiful endowments in the highest way for the good of all, neither burying his talents nor prostituting them. He was removed by a lovable, modest, sympathetic nature from all possibility of writing the harmful; he was removed by a true and highly cultivated artistic sense from the common error of spoiling a picture by overloading it with unnecessary details; lastly, and chiefly, he was removed by his assured place as a man of scientific education, undoubted learning, and equally undoubted literary genius from all temptation to medical or linguistic display. From this position, with the conscientiousness of the skilled workman and the unpremeditated charm of the poet, he poured out broad lessons of human sympathy and preached a genial, yet shrewd, gospel of kindliness.

Annotations.

"Ne quid nimis."

THE COUNTY OF LONDON AND THE APPOINTMENT OF PATHOLOGIST.

THE report of the special subcommittee of the London County Council, which has had under consideration the appointment of a pathologist, is of peculiar interest at the present time, when the question of what medical science has done to advance the pathology of insanity is so much to the front. The terms of reference for the subcommittee, which was appointed in November, 1892, were "to consider as to whether a pathologist should be appointed at each asylum, or whether one or more pathologists should be appointed and their services be rendered available for all the asylums; and also as to the precise nature of the duties to be performed by the pathologists, the salary attaching to the office, and upon any other details that may arise during consideration, with power to confer with the medical superintendents." The subcommittee sent a series of questions to the superintendents of the four London County Asylums—viz., Banstead, Cane Hill, Colney Hatch, and Hanwell—and the conclusions at which the subcommittee has arrived are, put briefly, the following:—"That in a large proportion of the deaths post-mortem examinations are held to an extent adequate for the purposes of ascertaining the causes of death and the presence or absence of injury, but not exhaustive in a pathological sense; that the clinical and other work of the medical officers takes up so much time as, among other lesser causes, to prevent more exhaustive and elaborate research. There is a general agreement as to there being scope for wider and profitable research into the pathology of insanity beyond the routine post-mortem examination, and it is to be borne in mind, says the subcommittee, that to be productive of fresh knowledge association of physiological and pathological research is essential. We think that in this association clinical work should also be regarded as an essential feature. The subcommittee goes on to say that research conducted on such lines is likely to lead to some improvement in the treatment of the insane, although it would be hazardous to prophesy that direct and definite advance could be speedily assured." We quite agree with this guarded and careful expression of opinion, for it is not to be forgotten that a complexity of issues have to be brought together in one focus before any substantial or material advance can be so established in pathology as to seriously alter or affect the general lines of treatment in a disease so different in its manifestations from other diseases as insanity is. The subcommittee considers that the advantages in favour of appointing one pathologist available to all the county asylums far outweigh any that can be suggested in favour of one pathologist to each asylum. This, on the whole, is in accordance with our views of the requirements of the case. As Mr. Moody, the superintendent of Cane Hill Asylum, says in his replies to the questions, "the usual practice of appointing a young man at a small salary is, in my

opinion, of little service. He comes to the work as a learner, not a teacher, and must necessarily always be on the look-out for promotion to a higher and better-paid post elsewhere." The report goes on to say that there is no necessity to supersede the present practice, in accordance with which the routine post-mortem examinations will be conducted by the assistant medical officers, but there should be superadded a pathologist of standing and position who should have access to pathological material in all the asylums, and who would no doubt direct and encourage research by the younger men who are resident at each asylum. We think this is a very fair and well-considered statement of the position, and we are glad that the County Council are likely to have the suggestions carried out to the full. The resolution to appoint a pathologist at a salary of £700 per annum is an excellent one, and we hope a good man has been found for the post. A resolution was also passed, as referred to in THE LANCET of Nov. 25th, 1893, by which the expenditure of £4000 was authorised for the building of a pathological laboratory and museum at Claybury Asylum, and for providing the necessary fittings and apparatus.

THE TRANSMUTATION OF TOWN WASTE.

A PAPER read by Mr. T. W. Baker at a meeting of the Society of Engineers recently contains some interesting facts on the average composition of town refuse. Thus an analysis of dust-bin contents gave the following averages: breeze, cinder and ashes, 63·69 per cent.; fine dust, 19·51 per cent.; vegetable, animal, and various mineral matters, 4·61 per cent.; waste paper, 4·28 per cent.; straw and fibrous matter, 3·22 per cent.; bottles, 0·96 per cent.; coal and coke, 0·84 per cent.; tins, 0·79 per cent.; crockery, 0·55 per cent.; bones, 0·48 per cent.; broken glass, 0·47 per cent.; rags, 0·89 per cent.; and iron, 0·21 per cent. Looking down this list it will be seen that the constituents possessing fuel value practically cease with the 3·22 per cent. of straw and fibrous material, and at least 90 per cent. of the total refuse is combustible. Very great progress has been made recently in the disposal of rubbish by fire in "destructors," and it is so far satisfactory that the waste of towns is disposed of in such a manner that it can prove no longer a nuisance or a source even of danger to the public health. But this method of disposal, efficient as it is from a sanitary point of view, is not so from the economical standpoint, since this rubbish, as shown above, possesses distinct fuel value, and no very definite success has been made to utilise the heat thus evolved in the destructor, which must be considerable. Proposals have been made from time to time to effect the utilisation of the latent energy which resides in dust-bin refuse, but trials already entered upon do not appear to have given entirely satisfactory results. There are, of course, engineering or mechanical difficulties to be surmounted, amongst which is that of obtaining the complete combustion of the rubbish. This difficulty arises from the peculiar nature of the material commonly met with, the dust, glass, and old metal in which forms a hard clinker in the furnace which on melting encloses combustible material, and protects it from further combustion. Engineers are taking practical interest in this problem just now, so that there is every promise of its successful solution being accomplished ere long. Mr. Baker estimates that three-quarters of a pound of water would be evaporated and utilised for every pound of refuse, on which estimate he claims that the amount now spent by the London vestries on rubbish disposal would be entirely saved, while 70 per cent. of the refuse would be utilised. A plant capable of dealing with 420 tons per week—the average amount which a Metropolitan vestry has to cope with—would consist of eight furnaces (two in reserve), with six steam generators, capable of a total output of 900 brake- or electrical horse-power. The cost of such a plant, allowing £3000 for the site, Mr. Baker puts at £1800; and by a series of figures he apparently shows a net saving to the local authority of £2666 a year, after repayment of interest and principal on a loan of this £1800 at 3½ per cent. We may be forgiven if we express some scepticism as to whether these results will ever be so satisfactorily fulfilled; but there must be at least some foundation for the figures arrived at and submitted to the Society of Engineers by Mr. Baker. At any rate, it would by no means be the first example, if it come to be accomplished, of success attending the efforts of man to convert a waste into a wealth of material.

THE DRUNKENNESS OF WOMEN.

IN the East-end of London last week, in the course of an inquest on the body of a woman, it transpired that she drank to excess. The husband said that he had seen her intoxicated as many as three times a day. Other witnesses testified to the miserable condition in which she lay, including Mr. H. Elliott, who, at a necropsy, found the body literally covered with vermin and in a horrible state of dirt. The coroner ascertained that the drink was got for her by a servant, who said her mistress compelled her to get it. It is patent to everybody that the drunkenness of women is on the increase. If grocers' and confectioners' licences have much blame in the matter they are not the only cause. Women, and even young and respectably dressed women, do not hesitate to enter a public-house in broad daylight. However habitual and inveterate the drinker, there is no check to her supply. Women and children are not denied. A woman drunk three times a day is, perhaps, not a daily phenomenon. But it is only too common to see women whose breath and look give evidence of the constant presence of alcohol in their systems. It is monstrous that such cases should be possible, not to say common. Where the patient is so incapable of taking care of herself her friends should be expected to do so, and where they fail to do this the law should provide some protection. The day is not far distant when those who indulge in drunkenness will be much more protected from themselves than they are now, and when those who supply them, directly or indirectly, will be regarded as acting criminally.

SCARLET FEVER AND ITS CONGENERS.

IN the form of a letter addressed to Mr. J. R. Hill, chairman of the sanitary committee of the Fulham Vestry, Dr. Robert Lee gives an instructive description of some cases which recently happened in that parish and which simulated scarlet fever. The cases occurred in a household of five persons, the first to fall ill being the master of the house on March 31st. His symptoms, which were attributed to inhalation of sewer air, were those of severe cynanche, with ulceration of both tonsils, and exactly a week after the onset of the disease he was able to resume his duties in the City. On that day his wife was attacked with similar tonsillitis; but in her case there appeared on the third day a bright-red eruption, simulating that of scarlet fever, spreading from face to neck, chest and extremities, and followed by branny desquamation. The cook next fell ill, about five days after the wife began to convalesce; her attack was milder, but so far as the symptoms went was similar to that of the latter. A child was taken ill five days later, his attack on the second day being extremely like one of "scarlatina, particularly in respect to the eruption." It is also remarkable that of the two remaining servants one developed variola whilst her mistress was ill, and was sent to the hospital ships, whence some days later she was transferred to Gore Farm with "concurrent small-pox and scarlatina."

Dr. R. Lee's contention is that none of these cases were true scarlet fever, and he thinks that the occurrence of such a class of disease due to local causes is probably more frequent than is suspected, whilst its recognition must be of great importance in regard to public health. We do not quite gather from his account whether Dr. Lee attributes the origin of each of this series of cases to exposure to sewer air, or only the first one, the others being infected by contagion. If the latter, then it must be admitted that the diagnosis of scarlet fever would have been made—as it was made in the case of the variolous patient—by any medical man who had not the opportunity of tracing the series from the beginning; for it is hardly possible to find a point in which the cases so clearly described by Dr. Lee differ from those which we ordinarily recognise as scarlet fever. We are accustomed to meet with all types of this disease, presenting more or less marked variations from the usual type, and certainly a contagious affection of the characters described would fall under one of these aberrant forms. It is stated by Dr. Lee that the husband and the cook had previously had scarlet fever, but that the wife and child had never suffered from it. In their cases the characters of the rash were very marked. Lastly, it would add to the interest of Dr. Lee's letter if he could say whether or not the servant who was placed in the fever ward at Gore Farm escaped any infection there.

SINGULAR APPLICATION AS TO NOTIFICATION.

UNDER the appropriate heading of "Singular Application" the public press announces that the medical officer of health of Fulham went before a magistrate to state that, having received a notification of scarlet fever in a child, he had, on going to the house in question, been refused admission, and, on writing to the medical practitioner in attendance, he had received no answer. The medical officer of health has, of course, no right or power of entry whatever under the Infecious Disease (Notification) Act; for that Act, as the Local Government Board have again and again pointed out, confers on medical officers of health absolutely no new powers—it simply adds to their sources of information. If entry is required it must be procured under the general Public Health law by means of a magistrate's order; and the magistrate will have to decide on the evidence whether the circumstances are such that a compulsory order ought to be granted. The case is somewhat complicated by the fact that the medical officer of health states that he knows that the child in question is not properly isolated; and this first point may in itself give the right for an order for entry. He further adds that he cannot tell whether the child is in a fit state to bear removal unless he sees it. We imagine that it is the former ground which alone can justify the issue of a magistrate's order: that ground presupposes the possession of definite evidence on the part of the medical officer of health as to the need for entry; the latter would mean that the order in question is wanted in order that the witness may form an opinion, and we never heard of such an order being granted on such grounds. We shall be interested to learn the ultimate result of this case.

RESPONSIBILITY FOR DEATHS UNDER CHLOROFORM.

A LAY contemporary referring to the high mortality under anæsthetics quotes Dr. Snow as stating that he had discovered only fifty cases of death under chloroform during the first ten years of its use, whereas, says our contemporary, last month eleven deaths occurred in England alone—viz., seven in London and three in provincial hospitals. "We fear," it is added, 'that some of our hospital surgeons have much to learn in regard to the administration of anæsthetics." This, of course, is tantamount to attributing to hospital surgeons the direct responsibility of these deaths under chloroform. The charge falls to the ground when it is remembered that hospital surgeons do not themselves undertake the thankless and dangerous duties of the chloroformist; but either one of the house surgeons or, when available, a special anæsthetist officiates. To do these gentlemen justice, we think no well-informed writer would make so sweeping a charge as the implied one to which we allude. Chloroform was in Dr. Snow's day given once in a way, while nowadays no serious operation is undertaken without the aid of chloroform or ether. Persons who in Dr. Snow's day would unhesitatingly have been left to die are now anæsthetised and operated upon. It may be urged by some that we have made little advance in our knowledge of how to give chloroform safely since the days of Simpson, Syme, and Snow, but, upon the other hand, it may confidently be asserted that there is not any reason to believe that we know less or are less capable of obtaining results such as theirs. Dr. Snow advocated the employment of an inhaler in the use of chloroform; he insisted upon the importance of watching the circulation and taught that the throwing of unmeasured quantities of the anæsthetic upon a towel or lint, with neglect of the pulse, was open to great criticism. He further attempted to prove that deaths occurred under chloroform from heart failure as well as through respiratory paralysis, whatever the methods of giving the drug which were in vogue in his day. Recent investigations, however, tend to support the view that, after all, chloroform kills through the poisoning of the medullary centres, although, owing to the extreme intimacy of those presiding over respiration and circulation, the evidence has so far failed to satisfy all inquirers as to whether patients die from asphyxia or failure of the circulation.

DEATH FROM GLANDERS.

AN inquest was held on Oct. 6th at Paddington by Dr. Danford Thomas touching the death of Mark Benjamin Markey, aged forty-three, a cab proprietor and driver. Deceased was attended during his illness by Mr. J. M. Finzi, to whom we are indebted for the following clinical notes. On Aug. 20th the man was kicked by a mare which had been ailing and unfit for work for some weeks and had had a nasal discharge for two days. On the same night the animal died, it was alleged, from "inflammation of the lungs." Except for one visit to a hospital to have the lacerated wound on his right thumb dressed, deceased had no medical treatment for three weeks. On Sept. 14th he consulted Mr. Finzi. On that date there was a thin discharge from the wound. The temperature was 101·4° F., and the pulse 70. There was no ulceration of, and no discharge from the nose or mouth. The epitrochlear and axillary glands were not enlarged. There was a red and acutely tender spot on the right shoulder, and another over the right tibia. Nothing wrong was detected in the viscera. The urine was loaded with urates, but contained no albumen and no sugar. Every day fresh nodules appeared in the muscles of the limbs, attended with great pain, especially near the joints. Six weeks after the infliction of the wound a "pustular eruption" was noticed on the face, scalp, and limbs. The temperature generally was 101° in the morning and 103° to 104° in the evening. There were no rigors. Towards the end there were marked delirium, vomiting, and diarrhœa. On the day before death the temperature fell to 97°. At the post-mortem examination typical glanderous lesions were observed. There was a characteristic eruption most marked on the face and upper part of the body. In several parts of the body, and especially in the muscles, the nodules before referred to were in various stages of development and disintegration, and

suppuration had in most instances supervened. With the exception of the lungs, which were thickly studded with deposits, the viscera were not affected. The oral, nasal, laryngeal, and tracheal mucous membrane were free from invasion. There seems no reasonable doubt that in this case the inoculation took place on the same date as the infliction of the wound on the thumb, and that the mare in question was the source of infection. With the explicit directions given by the County Council to horse owners and drivers for the detection of the disease it at first sight seems strange that the malady was not suspected; but since there does not appear to have been any nasal discharge except during the last two days it was quite possible that deceased did not recognise the true state of affairs, or surely he would have at once taken measures to secure his own safety. That glanders in horses is, as a rule, easily diagnosed is proved by the fact that out of 1399 suspected animals slaughtered during the last year only twenty-two were found on post-mortem examination to be free from specific lesions. In order to prevent the contagion spreading it is of the highest importance, however, that the diagnosis should be made early. In skilled hands the injection of mallein gives promise of attaining the desired end, but as yet we have not had sufficient experience of its utility to assert its infallibility. The Public Control Department of the County Council have done good work in endeavouring to inculcate the methods of detecting and the means of suppressing glanders, but without the aid of owners generally complete success is impossible unless the Council be provided with greater powers than they at present possess. It is permissible to order the compulsory slaughter of suspected animals provided compensation is made, but the Council have not deemed it expedient to enforce the regulation on the ground that it would entail a serious charge on the ratepayers, with, in their belief, no commensurate results. It is to be hoped that the negotiations going on between the Council and the Board of Agriculture will be the means of supplying the necessary powers for the regular inspection of stables, whether the latter are supposed to shelter glandered horses or not. Furthermore, we are strongly of opinion that it should be made compulsory on veterinary surgeons to notify their attendance on affected animals instead of allowing the responsibility to rest with the owners.

DIPHTHERIA ON THE AUSTRIAN RIVIERA.

FROM Trieste a correspondent writes as follows:—"Much alarm prevails on this littoral owing to the recrudescence of the recent epidemic of diphtheria. From 2 P.M. of the 22nd ult. till 2 P.M. of the 29th ult. there were 47 fresh cases officially reported, with 7 deaths; while during the previous week the cases had shrunk to 30, with 2 of them fatal. The comparatively small mortality is due to the chief medical officer of the city, Dr. Costantini, who lost no time and spared no expense in procuring from Berlin an ample supply of the Behring serum, with which he promptly treated 70 children, all of them suffering from very pronounced diphtheria. Of these, 63 are now convalescent, while only 7 died. Trieste, I believe, can claim to be the third city in Europe (after Paris and Berlin) where the serum therapeutics have been practised on the largest scale. That the malady has effected a renewed foothold in the city is attributed to the municipality, which insisted on opening the public schools at a time when diphtheria was still epidemic. These schools were to resume work, after the summer holidays, on Sept. 15th and, as the time approached, many prominent citizens and fathers of families, seconded by the newspaper press, urged the adoption of Dr. Costantini's advice that the reassembling of the pupils should be postponed. When the Municipal Council met four members voted in favour of the immediate reopening and four against; but the casting vote of the chief magistrate was given for the former. The results, already foreseen, have proved what I have stated above—viz., a recrudescence of the epidemic; and so the heads of families have taken the matter into their own hands, and, trusting Dr. Costantini rather than the municipality, have kept their children at home. Meanwhile the scare on the Austrian Riviera continues, to the no small detriment of health resorts like Abbazia, from which, however, it is fair to say, I have seen no case officially reported."

MEMORIAL TO THE LATE PROFESSOR DANIELSSEN.

AN influential committee has been formed, comprising representatives of nearly every European country, with the object of raising funds to erect a suitable memorial to Professor Daniel Danielssen of Bergen, who lately died at the advanced age of seventy-nine, after a life spent in ceaseless scientific activity. His contributions to our knowledge of leprosy will ever rank as classics, the best known being the work, "Om Spedalskhed," which he published in conjunction with his colleague, the late Professor C. W. Boeck. We cannot but think that many will be glad to assist in perpetuating the memory of a man so illustrious, not only in dermatology, but in many other branches of science. The English member of the committee is Dr. J. J. Pringle (23, Lower Seymour-street, W.), by whom contributions will be thankfully received.

LIGATURE OF THE CAROTID ARTERY FOR CEREBRAL HÆMORRHAGE.

IT will be remembered that some time ago, in a series of experiments on monkeys, Mr. Horsley and Mr. Spencer found that hæmorrhage in the basal ganglia could be controlled by ligature of the common carotid artery, and they suggested that ligature of the artery was a procedure which might be adopted in cases of ingravescent apoplexy. In a recent number of the American *Journal of Nervous and Mental Diseases* Dr. Dercum and Dr. Keen of Philadelphia relate two cases which have a considerable amount of interest with reference to this point. The first was that of a man aged fifty, who on the morning of Feb. 11th had experienced a slight weakness of the left arm. In the evening of the same day there was also noticed some weakness of the left leg. Medical advice was now sought, and wet cups were applied to the back of the neck, a purgative was administered, and ergot and bromides were given. On the following day the one-sided weakness was slightly greater, on the day after it increased, and was apparently becoming steadily worse at the close of the fourth day from the onset, when there was complete motor palsy of the left arm, decided weakness of the corresponding leg, and paralysis of the lower half of the left side of the face. There was no affection of sensation and no headache, only a dull feeling in the head, and slight giddiness, without any obscuration of intelligence. The urine contained a small quantity of albumen. It was thought that the condition was most likely one of ingravescent apoplexy, and Dr. Keen was asked to ligature the common carotid artery on the right side. This was done, cocaine only being used locally. No increase of the paralysis was observed after this, and two days later an appreciable improvement had taken place, the patient being now able to move his left hand and fingers. Improvement continued, and the condition at the end of two months showed a slight spastic condition of the left leg, with drooping of the left side of the face, and weakness of the left hand and arm. There was no anæsthesia, and the mental condition was in no way impaired. The second case was that of a man attacked at 2 o'clock one afternoon with weakness of the left arm.

The same evening the weakness was greater, and had involved the leg and face on the same side. Ingravescent apoplexy was diagnosed and ligature of the common carotid artery decided upon, but before it could be carried out it was late at night, and the paralysis had deepened and unconsciousness had supervened. The operation failed to relieve the patient, however, and he died a few hours later. The publication of these cases will direct attention anew to a subject of much practical interest and importance. It is obvious that, in reference to any operative procedure in such cases as those here related, the great question is one of diagnosis. However likely the diagnosis of increasing hæmorrhage was in the first case, even the success which followed the operation does not absolutely settle the question; and it cannot be asserted that the success was more than a subsequent fact. It is unfortunate that no necropsy was obtained in the second case.

INDIAN MEDICAL ASSOCIATIONS.

WHILE we think that it is on many grounds—some of which are so obvious that it would only form a string of platitudes to point them out—highly desirable that a bond of union should exist among the medical practitioners of India, and that a medical association is the best, if not the only practicable method of giving effect to this object, we must confess that we are somewhat puzzled by the fact that there appear to be two medical associations in that country: one styled the Medical Association of India, already established, and the other, styled the Indian Medical Association, about to be established, and concerning which an active movement has been set afloat. Broadly speaking the objects of both are the same, and this must necessarily be the case to a great extent. Whether the older established association has failed or not to fulfil its objects to the entire satisfaction of all the members of the profession in India, and hence the origin of the newly projected association, is more than we can say, but it seems a matter of common sense to suppose that one large association must for many reasons be preferable to two; one would carry more weight, for example, in its corporate capacity and actions, and be better able consequently to protect the interests of the medical profession.

THE CARE OF ANIMALS.

IT only too frequently happens that those who are entrusted with the care and management of the domestic animals, though they may be willing and anxious to carry out the duty confided to them, are yet deficient in the knowledge necessary for the satisfactory accomplishment of this object. From time to time attempts have been made by means of books and lectures to improve this needful knowledge, and there can be no doubt that the requirements of animals useful to us, and especially that most valuable slave the horse, are much better understood and attended to than formerly. Much yet remains to be done in some quarters, however, before animal management is sufficiently understood, and discomfort, pain, premature decay, and consequent pecuniary loss and annoyance to their owners can be averted. One of the most recent moves made with the view of diffusing this knowledge has been inaugurated at the Morley Memorial College for Working Men and Women, Waterloo-road, where last week the first of a series of ten lectures on the care of horses and other animals in health and disease was delivered by Professor Pritchard. The class for which these lectures has been established is intended to do a similar work with regard to animals to that the Ambulance Association does for mankind—that is, afford instruction the preservation of health and the treatment of minor accidents. The first lecture was principally devoted to a consideration of those conditions of the feet which interfere with the proper utilisation of the horse. In reference to this allusion was made to the excellent work that is being achieved by the Worshipful Company of Farriers in improving the shoeing of horses, a matter that greatly needed the attention of some influential body like this company to induce shoers to pay more heed to the structure and preservation of such a complicated, sensitive, and essential organ as the horse's foot. It is to be regretted that the company's efforts have been much opposed by many veterinary surgeons who keep forges for shoeing horses, and who do not approve of the shoers being instructed in this way. But the lecturer gave testimony to the great amount of good that was being done in this direction all over the country.

KING'S COLLEGE HOSPITAL REPORTS.

WE are informed that it is proposed to publish annually a volume of "King's College Hospital Reports," which will comprise an account of the work of the Hospital and of the College laboratories, together with original papers contributed by members of the staff and old King's College Hospital men. It will also include a brief record of the doings of former students. We are glad to welcome a new volume of hospital reports, as every such publication is calculated to keep alive the interest which all practitioners must feel in their old school and in the progress of past and present students. We understand that the medical section will be edited by Dr. Tirard, the surgical section by Mr. Watson Cheyne, F.R.S., the section relating to the College laboratories by Dr. Halliburton, and the obstetric section by Dr John Phillips.

PROFESSOR SEMMOLA ON THE SERUM THERAPEUTICS OF DIPHTHERIA.

THE Senator, Professor Mariano Semmola, head of the clinical staff in the Neapolitan school of medicine, has just delivered a lecture on the serum treatment of diphtheria which it may not be inopportune to summarise. Professor Semmola, it may be remembered, was among the earliest to criticise the method of treatment of tuberculosis by "tuberculin," and certainly his remarks were speedily justified by the relegation of the "cure" in question to the limbo of premature inductions. His attitude towards the therapeutics identified with the name of Dr. Roux is one of "benevolent reserve," while he fully recognises the possibility that to combat the effects of the diphtheritic toxine there may exist another toxine which acts as an antidote, in the same way that there exist, certainly with a different mechanism, chemical antidotes for many poisons in the body cavities accessible from without—the stomach, for instan e, and the urinary bladder. "I have said 'with a different mechanism,'" he proceeds, "because in the case of diphtheria, besides the topical measures, we have to deal with the realisation of an antidotism which would have to exert its influence in the torrent of the circulation, and therefore this antidotism could not be founded on the chemical reactions which, by rendering the toxic salt insoluble, prevent its absorption; but this species of antidotism is not realisable beyond the body cavities accessible from without, because once the toxic substance is absorbed the chemical reactions of the antidote, such as are known in the laboratory retort, can no longer be realised in the torrent of the circulation, even when the antidote can there overtake it, a complete change having occurred in the physico-chemical conditions of the poisonous compound, and therefore in its reactions. Consequently, admitting the existence of a toxine antidote to the diphtheritic toxine, we cannot for the present comprehend the true mechanism of its action (perhaps a *doppiamento* or conversion of a double into a

simple) because we have no demonstrated example of salutary chemical antidotisms which take place in the circulatory torrent based upon reactions analogous to those of the recognised antidotes. Having premised this, I admit that the application to therapeutics of the fact announced by Dr. Roux is fully justifiable, and is therefore, in my opinion, to be encouraged, above all because the biological action of this toxine antidote has been shown experimentally to be innocuous and tolerated—the *ne noceat* principle being, with me, the primary condition that ought to be inscribed on the banner of every new remedy before its introduction into practice." Professor Semmola thinks so far favourably of the serum therapeutics of diphtheria that he has been instrumental in sending a distinguished *alumnus*, Dr. Alfredo Montefusco, to Paris to master at the Pasteur Institute the new method of treatment with the object of "checking" it at Naples, and, if found worthy, of applying it to patients. Dr. Montefusco, it is known, discussed with Dr. Roux at the recent Congress in Budapest the serum therapeutics of diphtheria, and he goes to the Pasteur Institute with qualifications already tested not only in the hygienic administration of Naples, but more especially in the "Istituto Sperimentale" directed by Professor Semmola, an institution which has signalised itself, as reported in THE LANCET, by more than one useful and creditable achievement in pathology and therapeutics.

DELAY IN THE NOTIFICATION OF INFECTIOUS DISEASE.

DR. ORME DUDFIELD, medical officer of health of Kensington, while discussing in his last annual report the subject of notification, refers to the manner in which the value of a notification certificate is curtailed when a case is not notified immediately upon the general practitioner becoming aware of its nature. He points out that the Act requires the certificate to be sent "forthwith," and he holds that a sanitary authority would be justified in taking proceedings when the case is not at once notified. Dr. Dudfield would only recommend such a course in cases of repeated neglect, and after caution; but he remarks that it is hardly fair that a sanitary authority should be called upon to pay for a certificate which is not forwarded in accordance with the terms of the Public Health (London) Act, 1891, and when the delay may have deprived the certificate of much of its value from a preventive standpoint. It seems from the report we are now referring to that Dr. Dudfield has had cases of delayed notification in the district of Kensington; in fact, he states that in several instances, where he has known of the existence of a notifiable disease, he has had to apply to the medical practitioner for the certificate. We are certainly surprised that the delay exists to the extent referred to by Dr. Dudfield, and we quite agree with him as to the necessity of rectifying it, more especially when regard is had to the necessity of immediate action being taken in instances where other inmates of infected houses are attending public elementary schools, or where food-supplies are in question.

DAILY INSPECTION OF VAGRANTS.

THE guardians of a northern union—which remains unnamed—have instituted a daily medical examination of vagrants. The value of this step must be great, for vagrants are unquestionably some of the main distributers of infectious diseases, both amongst themselves and the general public—indeed, the examination of 173 vagrants in two consecutive fortnights led to the detection of seven persons who were suffering from infectious disease. The immediate interest in this method of procedure lies in the fact that when the Local Government Board were informed of the result they simply expressed their satisfaction, and the guardians in question, having anticipated much more than this expression of opinion, have now decided to suspend the new practice unless the Local Government Board so far identify themselves with it as to urge on all boards of guardians the adoption of the same system. We cordially endorse the action of the northern guardians in question, and we trust that some measure will be adopted by the Local Government Board to make this excellent practice universal; but at the same time, we can well see that if this daily inspection is to become a real success it must be carried out in coöperation with the local sanitary authorities. The guardians may properly be called upon to make the daily inspection and to pay the necessary fee for that portion of the work; but when infectious disease is discovered they ought not to be expected to retain the patients in isolation. Workhouses are not proper places for the reception of outside cases of infectious diseases; and we can well understand that any action taken in the direction desired will be limited to unions where the sanitary authorities have undertaken to do their share of the work—namely, to deal with every case of infectious disease notified to them by the medical officer who carries out the system of inspection for the guardians. To retain infectious tramps in workhouses all over the country might be useful for the general public, but it would certainly involve danger to the workhouse inmates who are, after all, the first persons with whose welfare the guardians are concerned.

THE AMENDMENT OF THE AGE-RETIRING REGULATIONS FOR THE ARMY MEDICAL SERVICE.

IT has been notified by the Secretary for War that Her Majesty has approved of the Royal Warrant concerning officers of the Medical Service being amended as regards Article 347. The amended wording of the regulation does not apparently amount to much, but in its application it may really amount to a good deal. It is ruled that the age for the retirement of a surgeon-major-general may be extended for a period not exceeding two years if it should in any particular case be considered desirable in the interest of the public service. It must be borne in mind that, however desirable or convenient this provision may be for the State, medical officers generally cannot regard it as desirable for them, seeing that promotion in the medical service is retarded by every such extension in the upper rank; and the question naturally arises whether its application will be severely restricted to those particular cases where it is clearly desirable on public grounds that an exception should be made and the officer retained in the service for two years longer. It seems possible that the interests of an officer, and especially the interest which he can bring to bear on the authorities, rather than the interests of the public service, may exercise an important influence in the matter.

THE DIFFUSION OF SMALL-POX.

THERE is not much news to hand concerning the diffusion of small-pox during last week, and such as there is tends to show that the disease is becoming more restricted in its sphere of action at present. In the metropolis but little change has been manifested during the past month, the records for the past five weeks having in respect of fresh cases never shown a difference greater than 7, the total for that period having been 83, of which only 13 occurred last week. On Saturday last the patients under treatment in the hospitals of London were only, in all, 84 in number, against 109, 100, and 98 on the three preceding Saturdays. The cases admitted during the week were 11 in number, against 19, 23, and 14 respectively. There was but one death registered—namely, that of a patient from Marylebone. In the provinces the hospital records at Birmingham last week showed a rise in the number of inmates suffering from small-pox; but, on the other hand,

the number of fresh cases arising fell from nearly 40 to two dozen, and the deaths registered from the disease were, as in each of the two preceding weeks, 2 in number. There were 6 attacks notified in Manchester, but Salford was again free from the malady. At Liverpool 4 deaths were registered and a dozen cases were heard of, a decrease on recent records. A few cases have been reported in different parts of the country, in addition to those above chronicled, but in England no other localised outbreaks seem to be now prevailing. In Dublin the progress of the small-pox epidemic during September was as follows. In the week ended the 8th the cases admitted to hospital numbered 16; there were two deaths, and the patients remaining in hospital totalled 85. In the next week the admitted cases were 12, with one death, and the patients remaining under treatment 80. These latter fell to 63 at the close of the third week, with 13 admissions and 1 death; and in the last week of the month as many as 19 patients were admitted, 1 case proved fatal, and 64 patients were left in hospital.

LIFE-SAVING AT SEA.

NOT the least useful of the functions discharged by the Board of Trade is that which is directly concerned with the saving of life upon our coasts. We are apt at times to forget this, and to assign even more than its due of reputation, if that were possible, to another national and world-famous organisation. An official series of life-salvage tables recently issued by the Department is, therefore, the more interesting. We are reminded by these that, although but two lifeboats are within the Board's control, other and equally valued means to the same end are subject to it. Among these are to be numbered some 300 life-saving stations, with rocket apparatus, cliff ladders, heaving-lines, and lifebuoys. Unless it be on a comparison in the number of boats and the total result in life saved by their invaluable aid, not even the National Lifeboat Institution can show a better record. During the year ended on June 30th no fewer than 402 persons owed their lives to the Board's live-saving apparatus. There is not, indeed, nor can there be, any essential difference or semblance of disagreement between these two associations. One is doubtless official, the other voluntary, but both are alike so far in their purpose. Each is, moreover, a counterpart of the other, sharing in one work, one effect, and one reward of honour and gratitude. This leads us to consider a project which has already been discussed at some length—namely, the necessity of connecting by telegraphic wires our coastguard stations and lighthouses. It is clear that success in life-saving at sea must be greatly aided by such communications. We have on shore the fire-alarm bell, and the great facilities for rescue which it provides are obvious to every one. These coast telegraphs are the alarm bells of shipwreck. Doubtless they might also subserve other purposes. They constitute in any case a more than desirable part of our coast equipment, and we trust therefore that they will before long be added to the accomplished facts of our national policy.

"COMMON DISEASES MISTAKEN OR MISTREATED."

AN address under the above title, by Dr. James F. Goodhart, appears in this week's issue, and draws attention to matters upon which every member of the profession will do well to ponder. Dr. Goodhart does not consider the difficulties of diagnosing a case of actinomycosis attacking the pleura from one of empyema, or the latest application of the antitoxin principle—a vast subject only just in its infancy,—but he discusses the diagnosis and treatment of everyday practice, cases which practitioners must see daily, and yet which are frequently mistaken and mistreated. For instance, he mentions infantile scurvy, a very common complaint, and yet how often not recognised, and allowed to "pass as rickets, or rheumatism, or injury, or temper, or 'pure cussedness,' and so on." Another disease, which, although very common, yet varies very much in severity and in the mode in which the pain manifests itself, is angina pectoris, and this is often mistaken for indigestion, neuralgia, rheumatism, flatulence, &c.; and instances must occur to all medical men when, owing to suitable treatment not having been adopted, fatal results have followed. One of the most interesting portions of Dr. Goodhart's address is occupied with the consideration of the uric acid diathesis. He utters a warning against the popular fallacy of confusing the passage of urates with that of uric acid, and also against treating all the subjects of the complaint in the same way—namely, by a rigid form of dieting to get the uric acid out of the system. "It is all very well," he observes, "for a man to make experiments upon himself and then go and preach a universal rule." He maintains that a cardinal medical rule is that disease is in all cases individualised, and that we have to treat the individual, and his malady through him. After reference to cases of renal colic and chlorosis, Dr. Goodhart concludes by emphasising the fact that not a few of the methods and aims of medicine are faulty by reason of the ready assumption that their bases are unassailable, that men are constantly driven back upon their own experience, and compelled not to accept it, but to question it.

THE SALE OF LAUDANUM TO A CHILD.

IN the course of a recent prosecution of an unqualified assistant in a druggist's shop at Glasgow some curious facts connected with the sale of poisons were elicited. It appeared that four pennyworth of laudanum had been sold to a child eight years of age, and that the laudanum had been taken by the boy's father and had caused his death. The only precautions taken by the vendor had been to ask for what purpose the laudanum was required, and to place two labels on the bottle, one marked "poison" in red letters. As the accused pleaded guilty there was no dispute about the facts of the case, and, being charged under the Pharmacy Act, the full penalty of £5 was inflicted. The point of special interest, however, lies in the fact that there appears to be no clause in the Act relating to the sale of poisons to children. In the course of argument this point was raised, and the counsel acting for the Pharmaceutical Society said that, although it was the practice of registered druggists never to sell poisons to children, there was no provision prohibiting them from so doing. The custom was for them to send children home and say that they must have an older person with them. So far as we are aware this is the first case in which this curious omission has been referred to. The non-observance of "custom" opens up such terrible possibilities that we trust the omission will be rectified at an early date. However strictly the rules relating to the sale of poisons may be drawn up, means of evading them will constantly be found; but this loophole—the employment of children to effect the purchase—is certainly one which should not be left unguarded.

DIPHTHERIA IN LONDON.

DIPHTHERIA showed an increase in its fatal form in the metropolis last week over any of the twelve preceding weeks, the deaths registered having been 66 in number. For the five weeks of August the total was 252, yielding a weekly average of 50; and in the four weeks of September the total was 213, giving a weekly average of 53. The corrected average for the week corresponding to last week for the ten years 1884-93 is 36·9, so that the deaths of last week were 29 in excess of that average. As showing the wide diffusion of diphtheria in London, we

may state that the deaths were last week distributed over numerous districts, including those of Islington (6), Camberwell (6), Chelsea and Stepney with 4 deaths each, and Kensington, Fulham, Pancras, Wandsworth, and Whitechapel with 3 deaths in each. The patients certified to be suffering from diphtheria on admission to hospital last week were 98, a daily average of 14, against 101 and 90 in the preceding two weeks; and at the close of the week the patients under treatment numbered 502, against 485, 495, and 496 on the three preceding Saturdays.

THE CHELSEA HOSPITAL FOR WOMEN.

WE publish this week a report of the proceedings at a special meeting of the Governors of the Chelsea Hospital for Women held on Wednesday last. The meeting was summoned with a twofold object: (1) to report concerning the carrying out of the recommendations of the Commission of Inquiry, as authorised by the governors, and the action taken upon the Report of the Medical Officer of Health, and to receive a statement from the Board of Management; and (2) to receive the resignations of the Chairman, Vice-Chairman, Treasurer, and the other Members of the Board of Management. We understand there were about forty Governors present. In the course of the meeting the chairman, Mr. T. W. Brookes, who is also vice-chairman of the Board of Management, dealt with matters relating to the recent election of the medical staff in a report from the Board of Management in a manner upon which we beg leave to comment. This report stated that a committee consisting of three members of the consulting staff and three lay members of the Board had been appointed to consider the application of those seeking election. The committee sent up twelve names to the Board of Management, from which it proceeded to elect six gentlemen to the staff. Subsequently the three members of the consulting staff resigned. At the meeting on Wednesday last Dr. Travers said he had letters from Mr. Hutchinson, Sir Spencer Wells, and Dr. Robert Barnes stating that they had nothing whatever to do with the election of physicians to the hospital and disapproving of the mode in which the election had been made. Copies of two of those letters are in our possession, and if these three gentlemen are the three members of the consulting staff who are publicly supposed to be responsible for the elections the sooner Mr. Brookes contradicts this supposition in public the better. In answer to questions at the meeting the chairman professed himself unable to understand why Sir Spencer Wells and Mr. Hutchinson had resigned. Surely, however, the reason is not far to seek. They resigned to show their disapproval of the conduct of the Board of Management in relation to the election. Dr. Barnes has done the same for the same reason. Here were three men of the highest professional standing, equally well known to the public and to the profession, to whom the Board of Management might well have appealed for advice as to what its conduct should be in a crisis of great importance in the history of the hospital. Had this course been taken there can be little doubt that the Board would have been advised to resign and leave the duty of electing a new medical staff to a representative committee, the constitution of which would have been a guarantee that a new departure was about to be made, and that at all events everything possible had been done to place the hospital for the future in a position deserving of public confidence. As matters stand, however, we think that the view expressed by the Rev. Mr. Myers at Wednesday's meeting will be the one taken by all independent people—viz., that the Board of Management, having been censured by the Commission, should have resigned before proceeding to elect the new medical staff; and that it is decidedly anomalous that, with a record such as the Board of Management itself had to show, it should have, nevertheless, felt no hesitation in following a course of conduct which at once incurred the emphatic protest of their consulting staff and laid them open to the imputation that they badly understand their duty towards the public as stewards of a public charity.

THE BLOOD IN THE INSANE.

RONCORONI has recorded[1] his observations made on the blood of several insane patients by the method of Ehrlich, and although the results are by no means conclusive they possess some interest. In general paralysis eosinophilous corpuscles were somewhat uncommon except in cases in which tremor was extreme. In these they were numerous. In cretinism they were increased in the proportion of 20 per cent., while in idiots they were normal, and in epileptics a little below this. Of three criminals examined, in two they were below normal, but in the third were very numerous.

THE NEW ENTRIES AT THE MEDICAL SCHOOLS.

THE returns of the entry of new students at the various medical schools are not yet complete, and it is probable that in the case of those already furnished to us some additions may yet have to be made. These returns show that of the whole number of new entries at each of the seven following schools the number of *general* students are: St. Mary's, 76; London, 56; St. George's, 33; Royal Free, 29; Middlesex, 26; Charing-cross, 24; and at the Sheffield School of Medicine, 6. These figures, which do not include Guy's, St. Bartholomew's, St. Thomas's, or the Westminster Hospitals, show but slight variations from those of last year.

ATROPHY OF THE CEREBELLUM.

AMALDI has recently recorded in the *Revue Neurologique* the curious case of a melancholic woman who during life had never shown any signs of disturbed sensory or motor power, although at the necropsy the left cerebellar hemisphere was found to be reduced to half its usual bulk. A careful examination of the nervous system disclosed an interesting series of changes. Thus the left column of Clarke was found to be atrophied as well as the nuclei of the posterior columns on the left side, especially the nucleus of the column of Burdach in its external part. The right olivary body also was atrophied, and the fibres of the right side of the pons which came from the opposite side, as well as the right cerebral peduncle.

THE first meeting (clinical evening) of the sixty-fourth session of the Harveian Society will be held at the Stafford-rooms, Tichborne-street, Edgware-road, on Thursday, Oct. 18th, at 8.30 P.M., when all members of the profession are invited to attend upon presentation of visiting card.

THE memorial portrait of the late Arthur Hill Hassall, M.D., M.R.C.P., the founder of the Royal National Hospital for Consumption, Ventnor, will be unveiled on Monday, Oct. 15th, at 3 30 P.M., at that hospital, by Sir Richard E. Webster, Q.C., M.P.

THE annual dinner of past and present students of Charing-cross Hospital will be held at the Criterion Restaurant, Piccadilly, London, on Thursday, Oct. 25th, when Mr. J. Grosvenor-Mackinley, F.R.C.S. Edin., will preside.

AT the opening meeting of the session of the Manchester Medical Society, held on Oct. 3rd, Dr. Gowers, F.R.S., delivered the inaugural address on the Nature of Epilepsy in relation to the Dynamics of Life.

DR. FREDERICK T. ROBERTS will deliver the Lettsomian Lectures before the Medical Society of London in January next. The Diary is of no use at present as to date.

[1] Revue Neurologique, No. 11.

THE CHELSEA HOSPITAL FOR WOMEN.

A SPECIAL meeting of Governors of this hospital was held at the hospital on Wednesday, Oct. 4th, 1894. In the absence of Lord Cadogan and of Mr. Wright-Biddulph, the chairman of the Board of Management, Mr. Thomas W. Brookes, vice-chairman, presided. The meeting was called to hear a report from the Board concerning the carrying out of the recommendations of the Commission of Inquiry as authorised by the Governors, and to afford the Board of Management an opportunity of tendering their resignations.

The Chairman read the report, which dealt with the following points. In reference to the insanitary conditions which were alleged by Dr. Parkes to exist in the hospital the report stated that "so far as human ingenuity and outlay can secure the sanitary perfection of the building the hospital may now be said to be perfect. The Board maintained that when the hospital was built twelve years ago it was considered sanitarily perfect; but advances had been made in sanitary science since then. The suggestions of the Commission were all carried out without the slightest hesitation, except in the case of Dr. Parkes' recommendation to have the main drain diverted from the outside of the building to the centre, where it now is."

The report reminded the governors that it was not too late to mention to them that Dr. Parkes went through the farce of taking power to close the hospital when it had already been closed for more than three weeks, and that it was the hospital board themselves who obtained the Commission of Inquiry into the charges when he and the Chelsea vestry failed to do so. The money cost amounted to £1251 3*s.* 8*d.* The medical arrangements of the hospital occupied the chief, as it was indeed the most important, part of the report of the Commission. As soon as the report was issued the medical staff resigned in a body. The vacancies were immediately advertised, and the Board proceeded to fill them. There were thirty-four candidates for the vacant posts. The Board appointed three members of the consulting staff and three lay members of the Board to consider the applications, and each candidate was invited to attend before the committee. This committee deemed it advisable to recommend to the Board that two in-patient physicians and four out-patient physicians only should be appointed at the moment, and they sent up the names of four candidates for the former and eight candidates for the latter office. These the Board of Management considered at a full meeting of the Board, with Lord Cadogan in the chair, and appointed Dr. W. Duncan, Dr. Fenton, Dr. Inglis Parsons, Mr. O'Callaghan, Dr. Giles, and Dr. Eden. The report continued as follows:

"Subsequently the consulting physicians resigned, and their resignations were accepted with much regret. It is proposed to elect to this important office eminent consultants in this speciality of the hospital, who are at the present time in actual consulting practice, and who occupy similar positions at other hospitals, so that the medical staff may have the advantage of their active help in the hospital in all cases of difficulty. 'We are of opinion,' were the words of the Commission of Inquiry, 'that owing to want of system there has not been proper control of the medical staff by the managers of the hospital.' The report proposed to ask the governors for power to suspend or dismiss any member of the medical staff after full inquiry if he has acted in a manner detrimental to the interest of the hospital. It is further intended that the members of the medical staff shall retire annually, as do the Board of Management themselves, but shall be eligible for re-appointment. The entire medical staff have been already constituted a medical committee to confer with and advise the Board in all professional matters. A pathologist who shall be directly responsible to the Board of Management has yet to be appointed. In case of any death occurring at the hospital a special report is now required by the Board of Management from the physician in charge of the case. The certificate of death is to be filled up by him also, and not, as formerly, by the resident medical officer. The beds in the hospital have been reduced from sixty to forty-two to allow of the increased cubical area for each bed as suggested by the Commission. The Board of Management, for some months and through the summer, have been meeting weekly, but it is proposed that in future they shall meet monthly as heretofore, and that in place of the House Committee a weekly board be appointed, to meet weekly, consisting of eight or more members of the Board, with a separate chairman. The Board of Management and these committees will not include any medical men." The report continued to this effect: that the Board of Management, having, as they thought, stuck to the ship through its recent troubles, and having accomplished so much in the plan of reformation, now offer to place their resignations in the hands of the governors to re-elect them or otherwise, as they thought might best serve the interests of the institution.

Dr. Travers complained that the figures relating to the number of beds had not been correctly given. There were sixty beds in the hospital; fifteen had been taken away and given to the assistant physicians.

The Chairman pointed out that the Board had no intention of reducing the staff. By-and-by the third physician to the in-patients would be elected, and two to the out-patients, but for the present they were simply "rubbing along."

Dr. Travers said he held letters from Dr. Barnes, Sir Spencer Wells, and Mr. Hutchinson stating that they had had nothing whatever to do with the election of the physicians to the hospital, and disapproving of the mode in which the elections had been made. He complained that, after twelve years' service, he had virtually been dismissed from the hospital without the courtesy of any reason being given. The injuries dealt out to the medical staff had been slurred over in the report read by the Chairman. Many of the remarks were wrong, and others were most unjust. The Board by their silence had impugned the reputation of the late medical staff.

The Rev. Mr. Myers hoped some explanation of the resignation of the consulting surgeons would be forthcoming. It was due to the gentlemen who had served the hospital so long and honourably to know why they had been passed over. The medical staff had resigned from a sense of honour; but the Commission had made some serious strictures on the Board of Management. It struck him as somewhat anomalous that this impugned Board should pleasantly proceed to the election of the new staff as if they had not been affected by anything that had taken place. The Board ought to have resigned. Their present action seemed somewhat tardy. The position of the Board had been eminently one of discredit. It stood condemned by the Commission and by the voice of public opinion out of doors. THE LANCET and other medical papers were very severe in their strictures upon the Board of Management.

The Chairman: They were, sir. Yes.

The Rev. Mr. Myers: Then my position holds good. The Home Secretary had stated that the position of the Board of Management with reference to the medical staff was most discreditable. He asked whether it was quite dignified to proceed to the election of a new staff, being in the position they occupied. Had their action increased public confidence in them?

The Chairman: Yes.

The Rev. Mr. Myers: I am sorry to be of a different opinion. I am afraid that this Board of Management has had the chance, which they have sadly missed, of reinstating this poor hospital in the good opinion of the public.

The Chairman thought the last speaker was too despondent. They had £800 to the good; they had £300 in the Convalescent Home Fund, all of which had been given during the last nine months' trouble. The Board had not resigned, and in remaining at their posts they had followed out the advice of Lord Cadogan, whom they had expressly consulted on the subject. Those of the medical staff who had not been re-elected had his deepest sympathy; but the Board of Management had felt that now or never was the time to set their house in order for the future. Why they had not been more friendly disposed to these gentlemen was that ever since that election took place they had done everything they could to damnify the institution.

Dr. Leith Napier: So far as I am concerned that is an absolute falsehood.

The Chairman, in withdrawing the expression, said there no doubt were exceptions; but Dr. Travers and Dr. Schacht had issued circulars, which he had seen. There were other causes which had tended to bring about this condition of things. They knew Dr. Robert Barnes would not be friendly disposed towards them; but why the other two consultants resigned the Board really did not know. If any Governor knew they would be very pleased to learn. The appointments

were only provisional and might be overturned at the next general meeting.

Dr. Schacht moved: "That the resignation of the chairman, vice-chairman, treasurer, and other members of the Board be accepted." His letters of application, he said, which he had sent in as a candidate for re-election, had never come before the Board.

The Secretary said he was to blame for causing delay.

Dr. Schacht further said, though he was invited to attend the Board he was not called upon, because while attending to his duties in the out-patient department he was not in the room with the other candidates. He also complained that certain published statements derogatory to the medical staff had been allowed to pass unanswered.

The Chairman: We had a policy to pursue which was to be silent, and it might have been well if the medical staff had followed the same counsels.

After a few remarks from Dr. Inglis Parsons, Dr. Leith Napier essayed to speak, but was disqualified as not being a governor of the hospital.

Mr. R. Chapman said very few hospitals of London could safely stand an ordeal such as this one had just passed through. He did not think the remarks of the chairman with reference to the medical staff justifiable. Medical men in London hospitals did not require watching or to be kept in order. The hospital wanted organisation, so that in the event of failure either on the part of officers or of its sanitary condition the remedy would be prompt.

The Rev. Prebendary Webb-Peploe having spoken a few words, the motion was put to the vote. For Dr. Schacht's motion there voted 8, and 14 voted against it. The resignation of the governors was therefore not accepted.

A vote of thanks to the Chairman concluded the meeting.

CHOLERA.

CURRENT NOTES, COMMENTS, AND CRITICISM.

THE once prevalent view that cholera is an exotic which, when transplanted from the Gangetic valley to Europe, can only maintain its existence for a comparatively brief period and during the continuance of conditions favourable to its vitality and development has undergone some modification of late. The facts connected with the modern medical history of cholera lead to the belief that, once introduced into European soil, it may take root and retain its vitality and give occasional manifestations of its presence for a long time, and that we consequently need not have recourse to fresh invasions from India or elsewhere to account for them. Professor Koch is reported to have said that experience showed that it generally took ten years before cholera disappeared from Europe. Be this as it may, the history of the march of the epidemic and its persistence in Russia, on the one hand, and the history of the cholera outbreak in 1892 in a suburb of Paris and its subsequent diffusion in France, on the other, show that cholera may extend itself very slowly as well as rapidly, and that its cause, moreover, may long retain its vitality, the dormancy or activity of its manifestations being seemingly dependent on the environing conditions.

The returns published at St. Petersburg on the 6th inst. show that in that city, between the 30th ult. and the 5th inst., there were 25 fresh cases and 16 deaths. In the government of Warsaw, between Sept. 23rd and 30th, there were 6 cases and 6 deaths. In the government of Kalisch, between the 16th and 22nd ult., there were 18 cases and 11 deaths, in the government of Kielce 56 cases and 25 deaths, and in Bessarabia 143 cases and 67 deaths. From the 16th to the 29th ult. there were in the government of Saratoff 162 cases and 96 deaths, and in the government of Kief 44 cases and 41 deaths. From the 23rd to the 29th ult. there there were in the government of Podolia 290 cases and 142 deaths, and in Bessarabia 157 cases and 63 deaths. From the 10th to the 15th ult. there were 28 cases and 21 deaths in the government of Courland; and from the 13th to the 26th ult. there were 9 cases and 4 deaths in the government of Taurida.

The epidemic in Silesia is rapidly diminishing, the number of deaths for the week ending the 6th inst. showing a great decrease on the previous week. Three deaths and seven fresh cases were reported in the Silesian district of Oppeln on the 7th inst.

It was reported last week that cholera was prevalent in Constantinople, but no details have been furnished by the Turkish Government regarding it.

From Amsterdam we learn, on the 8th inst., that 16 cases and 8 deaths were reported in ten communes throughout Holland during the past week. Of these, 6 cases and 1 death occurred at Amsterdam.

From India we gather some interesting particulars regarding the cholera epidemic which prevailed this year in the Gonda district in North Oudh. These are furnished in an official report from Surgeon-Captain Pratt, in medical charge of the district. We have not yet seen the report in question, but, judging from the narrative in the *Pioneer Mail* of the 20th ult., the facts appear to have been carefully investigated and perspicuously set forth in it. Assuming the accuracy of the observations and evidence to be unimpeachable, they go to establish, with a greater precision than is usually attained in such documents, the influence of religious fairs and human agency in the spread of this disease. The details show that pilgrims from fairs or "melas" in numerous instances carried cholera with them to their villages, and were not only the first persons attacked there, but that they imparted the disease to others with whom they came into contact. That this was so, and that the village wells and tanks, unprotected from contamination and furnishing a fouled water-supply, played the main, though possibly not the sole and exclusive, agency in bringing about these village tragedies, may, we think, be taken as proved. The history of cholera in India is full of corroborative evidence of a similar kind; but the great merit of the report under notice appears to consist in the care and precision with which the details have been worked out. The question which the Government of India has gravely to consider is, What should be its action in regard to these big native gatherings or "melas"? If it be impossible to prohibit them, then the greatest care should, without doubt, be taken with regard to their sanitary supervision and management. This is not merely a matter of organisation or administration, but it also means the expenditure of money, and the Government of India, if it cannot with justice to the native population, for religious and political reasons, prohibit such gatherings, must be content to spend money. But we go even further than this. When there is reason to suppose that there is, what is termed, an epidemic year in India, or when cholera is prevalent in the district in which a Hardwar fair, for example, is to be held, or in any of the Indian provinces, either the fair should not take place at all, or, if the risk of an outbreak is to be avoided, the people from any infected district or province in which the disease happens to be raging at the time should be prohibited from going to it. This appears to be the view of our Indian contemporary, and it will probably be the view of most common-sense people.

REMUNERATION OF MEDICAL WITNESSES.

WE are informed that it is the intention of the council and members of the Police Surgeons' Association to bring to the notice of the Home Secretary the very inadequate amount of the fees of medical witnesses who give evidence at assizes or sessions held in distant places. While the subject is one which specially affects police surgeons, who are to be found giving evidence at all assizes, it is one which possesses interest for every medical practitioner who may be called upon as a medical witness at some time or other in his life. In seeking, therefore, to redress what is really a very substantial grievance the Association deserves the cordial coöperation of all medical practitioners, and we have every confidence that this will be given. First, let us consider what the remuneration of medical witnesses is. For many years one guinea per diem has been the figure at which the Legislature values the time of every medical practitioner who gives evidence as to facts which have come under his notice. No difference is made between the house surgeon who has just passed the College and the grey-headed veteran who passed fifty years ago, nor is the fee augmented when the witness has to attend a distant

town or city. Formerly first-class fares were allowed each way; now, we understand, second-class fare only is tendered. Formerly the sum 2*s.* per night was allowed; now we are informed this has been discontinued. No fee is allowed for any Sunday which may intervene, but for what reason we have never been able to ascertain. What is the inevitable result? So far from these fees being any remuneration at all, they barely cover expenses in any case, and too often leave the medical witness actually out of pocket. Now it is imperative upon most practitioners summoned to any distant assizes that they shall leave a locum tenens, who must be remunerated; then there are the expenses of board and lodging all to be paid for out of the guinea per diem. So far from it being any matter of wonder that complaints have been frequent, the marvel is that such a state of things has existed so long. When prosecutions are undertaken by the Treasury and the higher scale is allowed, the fee given to medical witnesses is three guineas per diem, and though this is a considerable advance upon the ordinary fee, it cannot, we contend, be regarded as other than a perfectly reasonable one, looking at it from the economical side, for the entire day's services of a competent medical practitioner. The fee of five guineas per diem for expert witnesses is by no means sufficient to secure the best talent and is a trifle compared with what is frequently offered to medical witnesses for the defence. It reflects the greatest credit upon the medical profession that their duties as witnesses for the prosecution have been performed so efficiently in spite of the unhandsome way in which it has been acknowledged and notwithstanding the abuse which the ignorant public is always ready to hurl against members of the profession. While we have limited the present notice to assizes and sessions cases, we must also point out that the half-guinea police-court fee is inadequate, and ought to be for those in private practice one guinea at least, and two guineas if the police-court be two miles distant. The guinea fee for attending an inquest, which may last two days or longer, is quite insufficient, and the proper performance of a post-mortem examination for medico-legal purposes would be only reasonably paid by a fee of five guineas. The whole subject requires careful revisal. Most of these fees were fixed more than half a century ago, when a guinea represented much more value than it does now. We wish the Police Surgeons' Association every success in their very laudable movement.

SURRA IN ANIMALS.

MR. LINGARD, M.B., Professor of Bacteriology to the Indian Civil Veterinary Department, continues to pursue his investigations into the pathology and prevention of the serious disease known as "Surra" in India and Burmah, and has just presented to the Indian Government the summary of a further report upon it. The disease has been very destructive to horses, mules, and elephants, but particularly to the two former, at various times, and up to the present attempts at prevention and cure have not been attended with much success. So destructive have been its ravages that one of the first of the tasks allotted to Mr. Lingard on his arrival in India was to elucidate the nature of the malady and suggest measures for its prevention or treatment. He has already furnished a very voluminous report, and the summary of a second has now been published. In this all that is known of it up to the present time appears to be as follows:—1. The disease occurs spontaneously in elephants, camels, solipeds, bovines, and the canine species (dogs, jackals, hyænas). 2. In most of these animals the disease appears between June and December, this being the rainy season, while in hounds it occurs during the hunting months—that is, from January to the end of March. 3. The cause of the disease is a hæmatozoon, and animals (other than canines) are infected with it through drinking water concentrated by evaporation and contaminated with the infusorian towards the end of the hot season, eating soiled herbage obtained from localities liable to inundation or from ingestion of corn in which is the excrement of rats and bandicoots affected with the hæmatozoon. Hounds acquire the disease by eating carrion or the soiled blood of hunted animals, while other dogs get it when destroying affected rats and bandicoots.

In the case of horses contracting the disease, Mr. Lingard thinks there can be little doubt that many of the outbreaks are due to ingestion of rats' or bandicoots' excrement in the corn upon which they are fed. In the hot season the hæmatozoon or its resting form in the excrement would naturally be destroyed by the continued drought; while in the rains the moisture would be found sufficient to sustain the life of the infusorian, and enable the resting form to germinate, and possibly to mature *in situ*. Therefore it is insisted upon that the fæces of rats and bandicoots are a source of danger; so that protective measures should be taken at all times, these chiefly consisting in the removal of this excrement from the corn given to horses and mules. This would be facilitated by drying the grain artificially, which would lead to the destruction of the organism, as the prolonged drought during the hot season appears to produce this effect.

THE ROYAL (DICK) VETERINARY COLLEGE, EDINBURGH.

THE seventy-second session of this college was opened last week with that measure of ceremony which is usual on its opening day. The ceremonial of the opening day which used to characterise the first day of the winter session in the University has for years sunk into desuetude. Those who remember what the opening day was, when the freshness of a long vacation and the effervescence of youth, often just escaped from the school-room, met within four walls, to be lectured to by an elderly and stately gentleman in an ornate academic gown, will probably think that the custom of an inaugural ceremony is more honoured in the breach than in the observance. Whether with the more tamed spirit and better discipline of recent times it could be safely and profitably resuscitated is not for us to consider; but some institutions still believe in opening ceremonies, and the Royal Veterinary College is one of these. The college has for its guardians the Lord Provost and magistrates of the city, some of whom are always present at the opening ceremony. On this occasion Lord Provost Sir James A. Russell presided, and several of the town council and many guests were present, who, along with a large number of students, quite filled the lecture-room. Principal Walley was unable, through illness, to be present. The Lord Provost, in opening the proceedings, referred to the place occupied by the college in the veterinary world. It had taken a foremost place in veterinary education, and the success of its students had been very marked. During last year, of 135 students added to the list of qualified practitioners in Great Britain forty-eight passed from the Dick College. At the last professional examination of eighty-five students who took their diplomas thirty-three were from the Dick College. That bore witness to the excellence of the teaching. He referred to a proposal for a system of comprehensive and coördinate teaching in rural economy all along the line. He also referred to another proposal which would greatly improve the status of the veterinary profession, and that was that the University should give the degree in Science to the students who deserved it. That would be an incentive to those entering the profession to be really scientific men.—Mr. Thomas A. Dollar, M.R.C.V.S., London, who qualified at the college fifty years ago and was a friend and pupil of the late Professor Dick, whose name the college bears, delivered the opening address. He said that William Dick had to be placed at the head of those who had devoted their lives to the profession of the veterinary surgeon. He was distinguished for the breadth and enlightenment of his views, his powers of observation, and his untiring energy in the pursuit and teaching of his profession. He was a great practitioner and a great teacher. He was an intense lover of horses, and his mind often revolted from the cruelties practised on them when being treated for disease; and he resolved to devote his energies to the foundation of a college for the promotion and elevation of the profession. When he set himself to raise, if not to create, the veterinary profession in Scotland the work of treating animals for disease was in the hands of farriers, cow-leeches, shepherds, and wise-women; and the ignorance of these was appalling. Professor Dick superseded them by qualifying himself to train a generation of practical veterinaries, and thus greatly to benefit the agriculture of the country. He had few

advantages when he commenced his career, and he built up his great position by unflagging energy and devotion to his students and high professional integrity. Mr. Dollar next referred to the good work the college had done. Since Professor Dick's death it had educated 1500 students, many of whom held the highest positions at home and abroad. The college was a unique example among the veterinary colleges in the world, for while it never received a farthing from the State it had steadily increased its scope and efficiency.—In the evening Mr. Dollar entertained about seventy gentlemen to dinner.—The session has opened favourably and promises to be a good one; but much regret is felt at Principal Walley's somewhat serious illness, which necessitates his absence from the college and, indeed, from the country for the present. Dr. Stockman, who has been the lecturer on Pathology and Bacteriology since Professor McFadyean's removal to the Royal Veterinary College in London, has been made professor of these subjects, with a seat on the college council.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns 6043 births and 3201 deaths were registered during the week ending Oct. 6th. The annual rate of mortality in these towns, which had been 15·7 and 16·1 per 1000 in the preceding two weeks, declined again last week to 16·0. In London the rate was 15·4 per 1000, while it averaged 16·3 in the thirty-two provincial towns. The lowest rates in these towns were 10·0 in Plymouth, 10·7 in Croydon, 10·8 in Leicester, 11·6 in Derby, and 11·9 in Cardiff; the highest rates were 19·5 in Blackburn and in Sunderland, 19·9 in Newcastle-upon-Tyne, 20·2 in Wolverhampton, 22·5 in Preston, and 23·7 in Liverpool. The 3201 deaths included 362 which were referred to the principal zymotic diseases, against 467 and 415 in the preceding two weeks; of these, 111 resulted from diarrhœa, 85 from diphtheria, 48 from measles, 42 from scarlet fever, 35 from "fever," 34 from whooping-cough, and 7 from small-pox. The lowest death-rates from these diseases were recorded in Brighton, Burnley, Halifax, and Plymouth, and the highest rates in Preston, Gateshead, Portsmouth, Liverpool, and Sunderland. The greatest mortality from measles occurred in Hull, Croydon, Portsmouth, and Sunderland; from scarlet fever in Gateshead and Liverpool; from whooping-cough in Oldham and Blackburn; from "fever" in Norwich and Sunderland; and from diarrhœa in Salford, Nottingham, and Preston. The 85 deaths from diphtheria included 66 in London, 4 in West Ham, 3 in Birkenhead, and 2 each in Oldham and in Leeds. Four fatal cases of small-pox were registered in Liverpool, 2 in Birmingham, and 1 in London, but not one in any other of the thirty-three large towns. There were 84 cases of small-pox under treatment in the Metropolitan Asylum Hospitals and in the Highgate Small-pox Hospital on Saturday last, the 6th inst., against 109, 100, and 98 at the end of the preceding three weeks; 11 new cases were admitted during the week, against 19, 23, and 14 in the preceding three weeks. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital, which had been 2080, 2060, and 2084 at the end of the preceding three weeks, was 2144 on Saturday last; 258 new cases were admitted during the week, against 258 and 252 in the preceding two weeks. The deaths referred to diseases of the respiratory organs in London, which had increased from 123 to 184 in the preceding five weeks, further rose to 215 last week, but were 19 below the corrected average. The causes of 57, or 1·8 per cent., of the deaths in the thirty-three towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton, Portsmouth, Cardiff, Newcastle-upon-Tyne, and in five other smaller towns; the largest proportions of uncertified deaths were registered in Birmingham, Burnley, Preston, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 14·9 and 15·1 per 1000 in the preceding two weeks, further rose to 15·9 during the week ending Oct. 6th, but was slightly below the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 13·8 in Aberdeen and 14·4 in Dundee to 17·7 in Paisley and 25·8 in Perth. The 454 deaths in these towns included 23 which were referred to diarrhœa, 12 to diphtheria, 5 to whooping-cough, 5 to "fever," 4 to measles, 2 to small-pox, and 1 to scarlet fever. In all, 52 deaths resulted from these principal zymotic diseases, against 53 and 56 in the preceding two weeks. These 52 deaths were equal to an annual rate of 1·8 per 1000, which corresponded with the mean rate last week from the same diseases in the thirty-three large English towns. The fatal cases of diarrhœa, which had declined from 28 to 12 in the preceding three weeks, rose again to 23 last week, of which 11 occurred in Glasgow and 3 in Paisley. The deaths from diphtheria, which had increased from 10 to 16 in the preceding three weeks, declined again to 12 last week, and included 6 in Glasgow and 2 in Perth. The 5 fatal cases of whooping-cough showed a marked decline from the numbers recorded in recent weeks, and included 3 in Glasgow. The deaths referred to different forms of "fever," which had been 6 and 4 in the preceding two weeks, were 5 last week, of which 3 occurred in Glasgow, where 3 of the 4 fatal cases of measles were also recorded. The 2 deaths from small-pox were registered in Edinburgh. The deaths referred to diseases of the respiratory organs in these towns, which had been 74 and 68 in the preceding two weeks, further declined to 63 last week, and were 42 below the number in the corresponding period of last year. The causes of 31, or more than 7 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 20·4 and 21·5 per 1000 in the preceding two weeks, further rose to 23·6 during the week ending Oct. 6th. During the thirteen weeks of last quarter the death-rate in the city averaged 20·8 per 1000, against 15·9 in London and 14·7 in Edinburgh. The 158 deaths registered in Dublin during the week under notice showed an increase of 14 upon the number in the previous week, and included 18 which were referred to the principal zymotic diseases, against 16 in each of the preceding two weeks; of these, 10 resulted from diarrhœa, 4 from small-pox, 2 from "fever," 1 from scarlet fever, 1 from diphtheria, and not one either from measles or whooping-cough. These 18 deaths were equal to an annual rate of 2·7 per 1000, the zymotic death-rate during the same period being 1·7 in London and 1·3 in Edinburgh. The fatal cases of diarrhœa, which had been 6 and 8 in the preceding two weeks, further rose to 10 last week. Four deaths from small-pox were registered in the city last week, against 2 in the preceding week, making 21 fatal cases of this disease since the middle of July last. The deaths referred to different forms of "fever," which had been 7 and 4 in the preceding two weeks, further declined to 2 last week. The fatal case of diphtheria was the first recorded since May last. The 158 deaths in Dublin last week included 22 of infants under one year of age, and 41 of persons aged upwards of sixty years; the deaths both of infants and elderly persons showed a slight decline from those recorded in the preceding week. Eleven inquest cases and 10 deaths from violence were registered; and 55, or more than a third, of the deaths occurred in public institutions. The causes of 9, or nearly 6 per cent., of the deaths in the city last week were not certified.

VITAL STATISTICS OF LONDON DURING SEPTEMBER, 1894.

IN the accompanying table will be found summarised complete statistics relating to sickness and mortality during September in each of the forty-three sanitary areas of London. With regard to the notified cases of infectious disease in the metropolis during last month, it appears that the number of persons reported to be suffering from one or other of the nine diseases in the accompanying table was equal to 9·6 per 1000 of the population, estimated at 4,349,166 persons in the middle of this year. In the preceding three months the rates had been 9·1, 9·4, and 8·5 per 1000. Among the various sanitary areas the rates were considerably below the average in St. George Hanover-square, St. James Westminster, Stoke Newington, St. Giles, St. Martin-in-the-Fields, Holborn, and St. Luke; while they showed the largest excess in St. Pancras, Bethnal Green, Limehouse, St. George Southwark, Bermondsey, Rotherhithe, and Greenwich. The prevalence of small-pox in London showed a marked decline during September, 69

MONTHLY ANALYSIS OF SICKNESS AND MORTALITY STATISTICS IN LONDON—SEPTEMBER, 1894.

(Specially compiled for THE LANCET.)

Sanitary areas.	Estimated population in the middle of 1894.	Notified Cases of Infectious Disease.										Deaths from Principal Infectious Diseases.										Deaths from all causes.	Death-rate per 1000 living.	Deaths of infants under one year to 1000 births.
		Small-pox.	Scarlet fever.	Diphtheria.*	Typhus fever.	Enteric fever.	Other continued fevers.	Puerperal fever.	Erysipelas.	Cholera.	Total.	Annual rate per 1000 persons living.	Small-pox.	Measles.	Scarlet fever.	Diphtheria.†	Whooping-cough.	Typhus fever.	Enteric fever.	Other continued fevers.	Diarrhœa.	Total.	Annual rate per 1000 persons living.			
LONDON	**4,349,166**	**69**	**1454**	**900**	**1**	**305**	**16**	**17**	**452**	**6**	**3220**	**9·6**	**10**	**42**	**61**	**211**	**74**	**1**	**40**	**1**	**224**	**664**	**1·9**	**4791**	**14·4**	**137**
West Districts.																										
Paddington	121,583	2	19	25	—	4	—	1	6	—	57	6·1	—	1	1	4	2	—	2	—	9	19	2·0	115	12·3	137
Kensington	167,350	6	31	19	—	5	1	—	6	—	68	5·3	—	—	2	6	2	—	—	—	—	10	0·8	162	12·6	112
Hammersmith	105,696	—	36	8	—	5	—	—	10	—	59	7·3	—	2	1	2	4	—	—	—	4	13	1·6	91	11·2	133
Fulham	110,993	7	49	29	—	3	—	—	3	—	91	10·7	2	—	2	8	1	—	—	1	9	23	2·7	119	14·0	158
Chelsea	99,052	—	21	21	—	13	—	1	10	—	66	8·7	—	—	2	7	—	—	1	—	5	15	2·0	89	11·7	101
St. George Hanover-square	75,033	4	12	3	—	3	—	—	4	—	26	4·5	—	—	—	—	1	—	1	—	1	3	0·5	56	9·7	88
Westminster	54,414	—	12	12	—	1	—	—	2	—	27	6·5	—	—	—	3	3	—	—	—	—	6	1·4	47	11·3	129
St. James Westminster	23,571	—	2	2	—	—	—	—	2	—	6	3·3	—	—	—	—	2	—	—	—	—	2	1·1	28	15·5	133
North Districts.																										
Marylebone	138,554	22	32	17	—	7	—	1	25	—	104	9·8	6	1	1	2	4	—	2	—	9	25	2·4	171	16·1	160
Hampstead	75,443	—	24	6	—	2	—	—	6	—	38	6·6	—	1	—	—	—	—	1	—	1	3	0·5	42	7·4	87
St. Pancras	233,739	10	128	47	—	30	—	—	35	—	250	13·9	1	2	6	9	3	—	4	—	7	37	2·1	270	15·1	118
Islington	331,900	3	130	83	—	29	—	3	24	—	272	10·7	1	—	6	18	6	—	2	—	14	47	1·8	313	12·3	107
Stoke Newington	34,172	—	3	6	—	—	—	—	2	—	11	4·2	—	—	—	—	1	—	—	—	2	3	1·1	15	5·7	157
Hackney	211,493	—	70	39	—	18	2	—	29	—	158	9·7	—	1	4	10	3	—	2	—	8	28	1·7	209	12·9	131
Central Districts.																										
St. Giles	38,144	—	3	2	—	1	—	—	5	—	11	3·8	—	—	—	1	—	—	—	—	1	2	0·7	35	12·0	107
St. Martin-in-the-Fields	13,783	—	1	1	—	2	—	—	—	—	4	3·8	—	—	—	—	—	—	—	—	1	1	0·9	17	16·1	136
Strand	23,179	—	9	1	—	—	—	—	1	—	11	6·2	—	—	—	1	2	—	—	—	4	7	3·9	35	19·7	204
Holborn	32,438	2	3	3	—	—	—	—	2	—	10	4·0	—	2	—	1	—	—	1	—	3	7	2·8	42	16·9	305
Clerkenwell	65,312	—	21	17	—	3	—	—	10	—	51	10·2	—	2	1	4	1	—	1	—	2	11	2·2	78	15·6	158
St. Luke	41,168	—	7	3	—	1	—	—	3	—	14	4·4	—	—	1	—	—	—	—	—	7	8	2·5	74	23·4	122
City of London	34,832	—	1	9	—	1	—	—	3	—	14	5·2	—	—	—	1	1	—	—	—	—	2	0·7	38	14·2	105
East Districts.																										
Shoreditch	123,186	1	33	24	—	11	—	—	18	—	87	9·2	—	3	1	5	1	—	2	—	9	21	2·2	164	17·4	166
Bethnal Green	129,840	1	52	41	—	10	3	3	31	1	142	14·3	—	1	2	11	—	—	1	—	13	28	2·8	167	16·8	140
Whitechapel	75,498	—	17	15	—	2	—	—	8	—	42	7·3	—	—	1	3	2	—	1	—	2	9	1·6	90	15·5	142
St. George-in-the-East	45,360	—	14	11	—	11	—	—	4	—	40	11·5	—	1	1	5	3	—	—	—	7	17	4·9	86	24·7	244
Limehouse	57,000	—	30	18	—	3	—	1	7	—	59	13·5	—	3	3	3	1	—	—	—	4	14	3·2	90	20·6	140
Mile End Old Town	108,242	—	42	31	—	7	—	—	9	—	89	10·7	—	—	—	10	2	—	1	—	6	19	2·3	167	20·1	216
Poplar	170,217	1	59	45	—	24	—	3	28	—	160	12·3	—	4	4	10	—	—	2	—	11	31	2·4	210	16·1	168
South Districts.																										
St. Saviour Southwark	26,712	—	8	6	—	—	—	—	1	—	15	7·3	—	1	—	1	1	—	—	—	1	4	2·0	30	14·6	81
St. George Southwark	60,060	2	28	19	—	5	—	—	5	—	57	12·4	—	1	1	4	2	—	—	—	7	15	3·3	110	23·9	235
Newington	118,512	1	48	19	—	17	—	—	15	—	100	12·0	—	—	—	4	1	—	1	—	4	10	1·1	163	17·9	176
St. Olave Southwark	12,984	—	1	2	—	—	—	—	3	—	6	6·0	—	—	—	—	1	—	—	—	—	1	1·0	12	12·0	162
Bermondsey	84,053	—	31	31	1	11	—	—	10	—	84	13·0	—	1	1	2	—	1	5	—	7	17	2·6	108	16·8	140
Rotherhithe	40,365	—	23	22	—	2	—	—	8	—	60	19·4	—	—	2	5	—	—	—	—	6	13	4·2	54	17·4	168
Lambeth	282,574	1	91	47	—	21	7	—	18	3	188	8·7	—	3	3	13	1	—	4	—	12	36	1·7	304	14·0	108
Battersea	161,558	1	52	39	—	8	1	—	14	1	116	9·4	—	—	2	10	3	—	3	—	6	24	1·9	170	13·7	128
Wandsworth	179,518	—	39	22	—	7	1	1	13	—	83	6·4	—	2	1	6	2	—	—	—	11	22	1·6	149	10·8	96
Camberwell	248,893	1	70	75	—	11	—	1	28	—	184	9·6	—	4	4	19	8	—	1	—	11	47	2·5	271	14·2	143
Greenwich	173,128	1	116	58	—	20	1	2	19	—	217	16·3	—	4	4	14	3	—	1	—	8	34	2·6	206	15·5	132
Lewisham (excluding Penge)	79,903	—	7	15	—	1	—	—	11	—	34	5·5	—	—	1	3	2	—	—	—	5	11	1·8	57	9·3	102
Woolwich	42,309	3	14	4	—	—	—	—	4	—	25	7·7	—	1	—	3	—	—	—	—	5	9	2·8	48	14·8	132
Lee	38,172	—	11	2	—	2	—	—	2	1	18	6·1	—	1	—	—	—	—	1	—	1	3	1·0	32	10·9	89
Plumstead	59,233	—	50	2	—	—	—	—	3	—	55	12·1	—	—	3	3	—	—	—	—	1	7	1·5	57	12·5	124
Port of London	—	—	1	1	—	4	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* Including 27 cases of membranous croup.

† Including deaths from membranous croup.

cases being notified during the month, including 22 in Marylebone, 10 in St. Pancras, 7 in Fulham, 6 in Kensington, and 4 in St. George Hanover-square sanitary areas. The Metropolitan Asylum Hospitals contained 93 small-pox patients at the end of September, against 123, 187, and 151 at the end of the preceding three months; the weekly admissions averaged 17, against 28, 47, and 34 in the preceding three months. The prevalence of scarlet fever in London showed an increase upon that recorded in the preceding month; this disease was proportionally most prevalent in Fulham, St. Pancras, Limehouse, Rotherhithe, Greenwich, and Plumstead sanitary areas. The Metropolitan Asylum Hospitals contained 2058 scarlet fever patients at the end of September, against 2042, 2153, and 2082 at the end of the preceding three months; the weekly admissions averaged 245, against 235, 256, and 214 in the preceding three months. The prevalence of diphtheria showed a further increase upon that recorded in recent months; among the various sanitary areas this disease showed the highest proportional prevalence in Fulham, Bethnal Green, Limehouse, Mile End Old Town, St. George Southwark, Bermondsey, Rotherhithe, and Greenwich. There were 496 cases of diphtheria under treatment in the Metropolitan Asylum Hospitals at the end of September, against 351, 435, and 450 at the end of the preceding three months; the weekly admissions averaged 98, against 88 and 80 in the preceding two months. The prevalence of enteric fever showed a marked increase last month; among the various sanitary areas this disease was proportionally most prevalent in Chelsea, St. George-in-the-East, Poplar, and Newington. Erysipelas showed the highest proportional prevalence in Marylebone, St. Pancras, Bethnal Green, Poplar, and Rotherhithe sanitary areas. Three cases of puerperal fever were notified in Islington, 3 in Bethnal Green, and 3 in Poplar sanitary areas.

The mortality statistics in the accompanying table relate to the deaths of persons actually belonging to the various sanitary areas, the deaths occurring in the institutions of London having been distributed among the various sanitary areas in which the patients had previously resided. During the four weeks ending Saturday, Sept. 29th, the deaths of 4791 persons belonging to London were registered, equal to an annual rate of 14·4 per 1000, against 15·7, 16·2, and 16·0 in the preceding three months. The lowest death-rates during September in the various sanitary areas were 5·7 in Stoke Newington, 7·4 in Hampstead, 9·3 in Lewisham (excluding Penge), 9·7 in St. George Hanover-square, 10·3 in Wandsworth, 10·9 in Lee, and 11·2 in Hammersmith; the highest rates were 17·9 in Newington, 19·7 in Strand, 20·1 in Mile End Old Town, 20·6 in Limehouse, 23·4 in St. Luke, 23·9 in St. George Southwark, and 24·7 in St. George-in-the-East. During the four weeks of September 664 deaths were referred to the principal zymotic diseases in London; of these, 10 resulted from small-pox, 42 from measles, 61 from scarlet fever, 211 from diphtheria, 74 from whooping-cough, 42 from different forms of "fever" (including 1 from typhus fever, 40 from enteric fever, and 1 from an ill-defined form of fever), and 224 from diarrhœa. These 664 deaths were equal to an annual rate of 1·9 per 1000, against 2·8, 3·2, and 3·1 in the preceding three months. The lowest death-rates from these diseases were recorded in Kensington, St. George Hanover-square, Hampstead, St. Giles, St. Martin-in-the-Fields, and City of London, and the highest rates in Strand, Holborn, Bethnal Green, St. George-in-the-East, Limehouse, St. George Southwark, Rotherhithe, and Woolwich sanitary areas. Ten fatal cases of small-pox were registered in London during the month under notice, the corrected average in the corresponding periods of the preceding ten years being 6: of these 10 deaths, 6 belonged to Marylebone, 2 to Fulham, 1 to St. Pancras, and 1 to Islington sanitary areas. The 42 deaths referred to measles were 33 below the corrected average number; among the various sanitary areas this disease showed the highest proportional fatality in Holborn and Limehouse. The 61 fatal cases of scarlet fever were little more than half the corrected average number; this disease was proportionally most fatal in Limehouse and Plumstead sanitary areas. The 211 deaths referred to diphtheria exceeded by 80 the corrected average number; among the various sanitary areas this disease showed the highest proportional fatality in Fulham, Chelsea, Bethnal Green, St. George-in-the-East, Mile End Old Town, Camberwell, Greenwich, and Woolwich. The 74 fatal cases of whooping-cough were 52 below the corrected average number; there was no marked excess of mortality from this disease during last month in any of the sanitary areas. The 42 deaths referred to different forms of "fever" were 26 below the corrected average number; this disease was proportionally most fatal in Bermondsey sanitary area. The 224 fatal cases of diarrhœa were little more than half the corrected average number; among the various sanitary areas this disease showed the highest proportional fatality in Strand, St. Luke, St. George-in-the-East, and Rotherhithe. In conclusion, it may be stated that the mortality in London during the month under notice from these principal zymotic diseases was as much as 27 per cent. below the average, owing principally to the unusually slight prevalence of summer diarrhœa.

Infant mortality in London during September, measured by the proportion of deaths under one year of age to registered births, was equal to 137 per 1000, and was considerably below the average; the lowest rates were recorded in Chelsea, St. George Hanover-square, Hampstead, St. Saviour Southwark, Wandsworth, Lewisham, and Lee; and the highest rates in Strand, Holborn, St. George-in-the-East, Mile End Old Town, Poplar, St. George Southwark, and Newington.

THE SERVICES.

MOVEMENTS OF THE MEDICAL STAFF.

THE following officers have received orders to embark for England in the *Victoria* on completion of a tour of service in India:—Surgeon-Majors Boulger and Barnes and Surgeon-Captain Scott. Surgeon-Captain H. E. H. Smith has been appointed to the Egyptian Army. The following transfers have taken place:—Surgeon-Major Crofts, to Fermoy; Surgeon-Captain Eckersley, to Woolwich; and Surgeon-Captain Whitty, to Dublin. Surgeon-Lieutenant-Colonel Webb, lately Staff Officer at headquarters, embarks in the *Jumna* for a tour of service at Gibraltar. Surgeon-Lieutenant-Colonel Pratt has been appointed to attend the Surgical Congress at Lyons, which is now sitting.

ARMY MEDICAL STAFF.

Surgeon-Captain William Albert Morris to be Surgeon-Major.

ARMY MEDICAL SERVICE.

The following amendment has been substituted for Article 347 of the Royal Warrant for the Army Medical Service:—"The appointment of Director-General of our Army Medical Department shall be for seven years, and the retirement of the other officers of our Army Medical Staff shall be compulsory at the following ages; except that, if it should in any particular case be considered desirable in the interests of the public service, the age for the retirement of a surgeon-major-general may be extended for a period not exceeding two years:—Surgeon-major-general and surgeon-colonel, sixty; brigade-surgeon-lieutenant-colonel, surgeon-lieutenant-colonel, surgeon-major, and surgeon-captain or surgeon-lieutenant, fifty-five."

THE INDIAN MEDICAL SERVICES.

Surgeon-Captain H. F. Cleveland has arrived at Deesa and taken over the Medical Charge of the 3rd Bombay Cavalry, to which he was recently appointed in succession to Surgeon-Captain J. B. Smith, M.B., transferred to the Civil Department. The services of Surgeon-Captain J. Jackson, M.B., are placed at the disposal of the Government for employment in the Civil Department. Surgeon-Lieutenant A. E. Berry is posted to the Mandalay district and Chin Hills. Surgeon-Major W. P. Carson, M.B., is appointed to be Port Surgeon, Aden, vice Surgeon-Major C. Monks, who is appointed Superintendent of Mahableshwar. Surgeon-Major Warden, Member of the Hemp Drugs Commission, has returned to Calcutta. Surgeon-Lieutenant-Colonel W. H. Gregg, M.B., is promoted to the rank of Brigade-Surgeon-Lieutenant-Colonel, vice Brigade-Surgeon-Lieutenant-Colonel R. T. Wright, retired. The proposal has been sanctioned by which Surgeon-Major-General A. F. Bradshaw, C.B., will be granted a two years' extension of his appointment as Principal Medical Officer in India from December next.

NAVAL MEDICAL SERVICE.

Fleet-Surgeon Robert Waller Biddulph, B.A., M.B., has been placed on the Retired List of his rank at his own

request. Surgeon G. G. Borrett is appointed to the *President*, additional.

VOLUNTEER CORPS.

Rifle: 2nd (Prince of Wales's) Volunteer Battalion, the Devonshire Regiment: Ernest Paul Alphonse Mariette, M.B., to be Surgeon-Lieutenant. 1st Volunteer Battalion, the Leicestershire Regiment: Surgeon-Lieutenant A. N. Barnley resigns his commission. 1st (Hallamshire) Volunteer Battalion, the York and Lancaster Regiment: Surgeon-Lieutenant H. T. Wightman resigns his commission. 2nd Volunteer Battalion, the Gordon Highlanders: The undermentioned Surgeon-Captains, W. Mortimer and J. Reid, to be Surgeon-Majors.

THE NAVAL MEDICAL SUPPLEMENTAL FUND.

At the quarterly meeting of the Directors of the Naval Medical Supplemental Fund, held on Oct. 9th, Inspector-General T. Russel Pickthorn in the chair, the sum of £30 was distributed among the several applicants.

THE CASE OF SURGEON-MAJOR SMITH.

The Anglo-Indian press continues to comment adversely on the course adopted by the Madras Government and the Secretary of State for India in regard to this case and have published as many of the papers about it as are available to them. From these it would certainly appear that this officer has been very severely dealt with, and that the punishment meted out to him is disproportionate to the offence. Our opinion is, of course, based entirely upon the facts of the case so far as we know them. What seems to us strange is that the medical officer in question asserts that he has been condemned while still ignorant of the exact charges brought against him. Surgeon-Major Smith has been removed to military service in Burmah.

DEATHS IN THE SERVICES.

We regret to record the deaths of Fleet-Surgeon Richard Clarke Nutt (retired), the oldest naval medical officer and the senior pensioner of Greenwich Hospital, at Plymstock, Devon, aged ninety-one; of Surgeon-Major Pulteney William Dalzell, of the Bengal Medical Service, formerly Acting Inspector-General of Gaols in Burmah, in his thirty-eighth year, at Isle of Sanday, Orkneys; and of Inspector-General of Hospitals Mark Style, late Indian Medical Service, on Sept. 30th, at Tivoli House, Cheltenham, aged seventy-seven.

THE INDIAN MEDICAL DEPARTMENT.

It is understood, says the *Pioneer Mail*, that Surgeon-Major-General Rice will succeed Sir Joseph Fayrer as President of the Medical Board at the India Office, and that Surgeon-Colonel J. Cleghorn will succeed, in consequence, to the head of the Medical Department with the Government of India.

Correspondence.

"Audi alteram partem."

THE TEACHING OF CHILDREN'S DISEASES AT GENERAL HOSPITALS.

To the Editors of THE LANCET.

SIRS,—The commencement of a new session seems to be an appropriate occasion for calling attention to a serious shortcoming in the ordinary medical curriculum. This relates to the totally inadequate methods in vogue at most general hospitals for the teaching of children's diseases and the scant attention such complaints receive from examining bodies. It would be no exaggeration to say that infants and children form at least one-half of the number of patients dealt with in most ordinary practices; nevertheless, in spite of the large part that children's diseases are to play in their future career, men are turned out from their hospitals and certified by examining boards as qualified who have but the veriest smattering of knowledge of the complaints that will form the largest part of their practices. Some few remedy this defect by obtaining resident or non-resident posts at some of the recognised children's hospitals; the number of such posts is, however, a limited one, and most men have to gain their knowledge of children's complaints in the course of time from their own experience—a most undesirable condition of affairs for themselves and their earlier patients. It is not everyone, moreover, who possesses the faculty of self-tuition in subjects that should have been taught him in his student days, and how often some of the ablest practitioners, as far as adults are concerned, grievously err in dealing with children, and infants in particular, is matter of daily comment. That the authorities of general hospitals recognise the desirability of dealing with the teaching of children's complaints is evidenced by some of them advertising on their staff the post of "physician for the diseases of women and children." This is confessedly but the shallowest of pretences, and a child would seem as much out of place at such gynæcological *séances* as a male adult patient. Other hospitals, to their credit, make no pretence of this kind, and the title of "obstetric physician" rightly defines the duties of the gentlemen holding corresponding positions with those at other hospitals where they are less scrupulous. The same indifference to infants and children is displayed by examining boards. It is but seldom that a candidate's knowledge of their complaints is tested, except on such questions as diphtheria or the commoner exanthemata. At the Royal College of Surgeons, however, I have learnt of such impossible questions being put as "How would you feed a baby?" and of the knowledge or ignorance of the candidate being treated alike as a matter of humour or good-natured banter. The Victoria University at Manchester is, as far as I know, the only body that sets a special paper on children's diseases for its degrees. To remedy these shortcomings seems to me a problem extremely easy of solution. It is to appoint at each general hospital a gentleman to treat and teach the diseases of children, holding a similar position on the staff to that of the obstetric physician. Let him see out-patients, have the charge of a children's ward, and deliver courses of lectures on his special subject. For the "signing up" of candidates let it be essential that they should furnish guarantees of having given as much attention to the subject of children's diseases as to those of gynæcology and obstetrics.

I can well see the objections that would be put forward to the creation of such posts as I suggest. There are already on nearly every general hospital staff gentlemen who are perfectly capable of teaching and treating the diseases of children. But it is not everyone, capable as he may be, who possesses a mind so versatile that he can readily turn from the treatment of an adult one moment to that of an infant the next, and do justice to both. Moreover, unless I am grossly misinformed by many students and junior practitioners, most gentlemen holding posts at both general and children's hospitals would seem to regard the former as essentially belonging to adults only, and the children receive but scant attention. In one instance the reverse is the case, and the adults have to give way to the children. An objection, too, to the teaching of children's diseases solely by the ordinary staff is that in this way the importance of the subject is not sufficiently emphasised to the student. The "puling infant" is, in many cases, an object of repulsion to the latter, and he will only accustom himself to it on compulsion. The charge of wishing to create a new speciality for the already overburdened student, even were it true, has no terrors for me. Considering the important part played by it in the future, a competent knowledge of children's diseases should be the property of every student. Be it remembered, too, that the ordinary diseases seen at children's hospitals are much the same as those seen at the general ones, the only special features attaching to them being the superadded difficulties that are incidental to the periods of infancy and active growth. Anyone thoroughly trained in the physical signs of disease as portrayed in children has much less difficulty in dealing with the same in adults. The reverse of this last is not the case—in fact, in this instance it may be claimed that the less includes the greater. "Children's complaints are the alphabet of disease." Whether my suggestion, or some equivalent to it, will ever become a reality the future alone can say. The present system, or want of it, has failed, and failed badly. Any improvement in it will, I believe, be gladly accepted by students, and is loudly demanded by the public at large.

I am, Sirs, yours truly,

Upper Berkeley-street, Sept. 28th, 1894. J. A. COUTTS.

"THE CLINICAL SIGNIFICANCE OF ACCENTUATED SECOND SOUND."

To the Editors of THE LANCET.

SIRS,—I feel greatly indebted to Dr. Ewart for having so clearly shown us in THE LANCET of Oct. 6th the isolated

position of the conus arteriosus and pulmonary valves in relation to the rest of the heart.[1] Dr. Ewart also points out that the nearness of the pulmonary valves to the chest wall and the obliquity of the pulmonary artery with regard to its valves account for the local loudness of its second sound, whilst the isolated position of the valves and conus explains the feeble conduction of this locally loud sound. The feeble conductivity of the pulmonary sounds I have long recognised, but could never completely explain. Dr. Ewart's clear exposition has, I think, given me this completeness; but I would like to add these three considerations to his article:—1. Both the pulmonary second sound and pulmonary systolic murmur are usually well heard over the aortic area and not seldom over the subclavian and carotid arteries, especially on the right side. This I have always held to be due to the relation of the pulmonary artery to the aorta, a relationship the closeness of which Dr. Ewart's illustrations well exemplify, and which post-mortem examination exhibits still more clearly. 2 The pulmonary systolic murmur, like the second sound, and no doubt for similar reasons, is freely conducted in all directions except those mentioned under 1, except that it is better heard up and out towards the left shoulder than is the second sound; and this, I believe, to be due to the different position of the chief focus of origin of the murmur, such focus being in the artery itself some inch or more above the valves. 3. The isolated, unsupported position of the conus arteriosus accounts for the remarkable giving way of this portion of the heart (as shown by the increase of the vertical dulness) in cases of anæmic debility. This I have previously pointed out,[2] and it is demonstrated with added clearness in Dr. Ewart's paper. I am, Sirs, yours truly,

Birmingham, Oct. 6th, 1894. ARTHUR FOXWELL.

To the Editors of THE LANCET.

SIRS,—The valuable paper by Drs. Sidney Ringer and A. G. Phear, which appeared in a recent issue of THE LANCET,[3] has interested me greatly, as I have learnt to regard with suspicion some of the accepted views respecting accentuation of the second sound. In the first place it is by no means always easy to speak positively regarding the existence of accentuation; in order to do this one must keep in mind a standard with which to compare the sounds we are testing, and this implies a sound memory of no mean order. Then again, as Drs. Ringer and Phear insist, the second aortic sound may be accentuated when the radial tension is low, even very low. This happens so frequently in my experience that I have for some time been cautious in placing too great reliance upon an accentuated aortic sound as evidence of high systemic arterial tension; while, on the other hand, this sign may be wanting in undoubted high tension owing "to the thickness and nature of the tissues intervening between the semilunar valves and the stethoscope," and perhaps to other causes also. In regard to accentuation of the second pulmonary sound, I find it very common in women with sound heart and lungs, and in whom there is no suspicion of chlorosis, and I have been led to think that it may be due in such cases to the wearing of stays. These, unless worn very loosely, necessarily restrict the pulmonary vascular area and hamper the respiratory movements, thus in a twofold way impeding the circulation through the lungs and sending up pulmonary tension. In hospital in-patients, again, the respiratory movements are weaker than in those who are up and about, and this may explain why the pulmonary second sound, as pointed out in the paper referred to, is comparatively loud in the former.

In order to clear up the many difficulties besetting the proper interpretation of the second heart sounds, we must first be sure we understand how they are produced. I observe that both Drs. Ringer and Phear and Dr. Ewart assume that the ventricle is contracted when the second sound is produced. Is this absolutely certain? Some blood must always remain on the ventricular aspect of the semilunar valves, and it is questionable whether, with closed ventricle, the pressure on the arterial side can ever be greater than that on the ventricular side, but that it can suddenly become so much greater as to lead to a forcible slamming of these valves is difficult to conceive. The facts of the case tend rather to show that (as Mr. Mayo Collier has suggested) the semilunar valves close slowly, the second sound being caused by the sudden stretching of them, which takes place directly the support on their under aspect is removed by the ventricular relaxation. On this hypothesis the degree of accentuation depends, not only upon the degree of arterial tension, but on the promptness with which the dilatation of the ventricle is effected. Assuming this view to be correct, and eliminating the influences of the conducting medium, accentuation of the second aortic sound, with low radial tension, would be due to very rapid ventricular dilatation; while non-accentuation, with high radial tension, such as we may get in fatty heart, would be explicable by assuming a sluggish ventricular relaxation.

I am, Sirs, yours faithfully,

Oct. 6th, 1894. HARRY CAMPBELL.

[1] Note on the Auscultation of the Second Sounds of the Heart.
[2] The Condition of the Heart in Debility, THE LANCET, Oct. 24th, 1891.
[3] THE LANCET, Sept. 29th, 1894.

"RESULTS OF HOSPITAL AND HOME ISOLATION OF SCARLET FEVER CASES."

To the Editors of THE LANCET.

SIRS,—Owing to absence from home I did not see Mr. Biddle's comments upon my scarlet fever isolation table which appeared in a recent issue of THE LANCET[1] until the end of the following week. The cause of the discrepancy between the rate produced by the sum of the primary and secondary home deaths and that I have given as the total home death-rate is the necessary omission of three deaths among the home cases which I could not classify as primary or secondary for lack of information concerning them, but which must, of course, be included in the total. I need hardly say that it is extremely difficult to compile such a table as this so that it may be at once accurate, explicit, and clear, especially when read without its context in my report. The other points raised by Mr. Biddle hardly call for comment. I cannot, of course, give the number of unnotified cases of scarlet fever, but I think I can safely say that they could scarcely be sufficient to affect my figures materially. Very few cases of measles, rötheln, or other disorders were sent into Bagthorpe Hospital through mistaken diagnosis, but all that were are, as far as possible, accounted for in my report.

I am, Sirs, faithfully yours,

Guildhall, Nottingham, Oct. 8th, 1894. PHILIP BOOBBYER.

"CONTRÔLE DES PRODUITS ALIMENTAIRES."

To the Editors of THE LANCET.

SIRS,—Allow me to answer the question which you ask me as a postscriptum to my letter, as I am of opinion that the controlling of food is one of the most important hygienic feats and of the most general interest. I think the best way of answering this question will be to give here an English translation of my conclusions read at the Budapest Congress:

1. State interference is absolutely necessary for the repression of adulterations which are committed in the retail trade (especially in shops where a large quantity of different articles is sold). 2. By private initiation it is possible to act efficaciously against the adulterations in the wholesale trade, the controlled manufacturer or importer paying yearly a certain amount, fixed in advance, to the chemist. This sum depends upon the importance of the chemist's work. 3. This system of control can be effected in such a way that the chemist charged with the private control first examines the samples (chemically and microscopically). He then gives a certificate of this analysis, the publication of which by the manufacturer is obligatory, and afterwards takes (buys) at different times samples from the trade to verify whether the sale is performed according to the first analysis.

By this system of control the public is entitled to demand, in any case of doubt, an analysis free of cost of the bought articles from the said chemist in order to ascertain with certainty that the merchandise is pure—viz., that it corresponds with the conditions of sale.

This system has been introduced in Holland for about thirteen years by the undersigned to the entire satisfaction of the public and manufacturers; already over 100 firms (and some belonging to foreign countries) have accepted it. The system can render serious services to the official chemists

[1] THE LANCET, Sept. 29th, 1894.

who are charged with the control of the retail trade, and it is based on the fact that the buyer has the right to claim from the seller a free and sufficient warranty of the quality of the bought articles.

I am, Sirs, yours respectfully,
P. F. VAN HAMEL ROOS,
Chief Editor of the *Revue Internationale des Falsifications.*

"AN ACTION FOR FEES AT DUNDEE."

To the Editors of THE LANCET.

SIRS,—The facts in the above case were not sufficiently stated in your columns to give a clear idea of the dispute. I attended two midwifery cases for Dr. Moon—one of them, acknowledged by letter, thanking me, and stating I would get my share when paid; the other verbally, though not with the same condition as to payment. After an interval of two years I sent an account rather than the usual delicate letter. This elicited the humiliating statement that the patient, whom he had specially thanked me for attending, was three years in arrears, and the other in the hands of a debt collector. Dr. Moon's ultimatum was, since I would not wait till he was paid, that I was to render an account to the patients. I refused to do this, but was willing to take something on account from him. Why he did not push for payment was none of my business. Both accounts were recoverable; one of the patients, indeed, had a salary of over £150 per annum. As regards the code of etiquette, I followed it in every detail. I was offered at the emergency a fee by both parties, but answered that I received remuneration through the family attendant. Before the case went into court Dr. Moon sent one of the patients to pay me, but I would have nothing to do with his patient. Cases of this kind, when fully reported, as was done in the local papers, are not without value both to the profession and to the public.

I am, Sirs, yours truly,
ROBERT MILLER, M.A., M.B., &c.

*** We have omitted part of our correspondent's letter, which, we think, introduced fresh matter extraneous to the case.—ED. L.

CERTIFYING UNDER THE LUNACY ACTS.

To the Editors of THE LANCET.

SIRS,—In the leading article in THE LANCET of Oct. 6th on "The Law in relation to the Criminal Responsibility of the Insane" you partially endorse the views of a writer in the *Times* on this subject who merely states the notorious fact that "certifiably insane" is a phrase which "can only mean that a couple of doctors can be found to certify that in their opinion the man is insane"; and you appear to agree with him that such evidence may, at any rate, be open to doubt in a plea of irresponsibility on the ground of insanity. But, while the concurrent testimony of two qualified practitioners may thus, when submitted to legal scrutiny, fail in establishing the irresponsibility or responsibility of an accused person, the same testimony—i.e., the signing of two certificates—is asserted by the daily practice of our profession to constitute sufficient grounds for depriving an individual of liberty and confining him in an asylum for a period varying from a month to a lifetime. In other words, the evidence which, in the former case, may be insufficient to secure the release of a morally guiltless person or the conviction of a criminal is, in the latter, adequate to confine an innocent person for an indefinite period in an institution which at any rate so far resembles a prison that the individual confined in it ceases to be free. Outside the purely medical question of treatment there is the legal question of interference with liberty; and our profession should rejoice, I think, at any measure which would relieve them of this latter invidious duty. That medical men should hitherto have so cheerfully undertaken so unique and awful a responsibility is not a little wonderful. At present I would merely suggest that the opinions of the two certifying medical men, as stated on the face of the certificates, and the necessity for confinement in an asylum, should, as a matter of routine, be subjected, before the removal of the patient, to revision by legal and medical experts acting on behalf of some properly constituted legal authority. Should this suggestion appear to meet with the approval of any of the readers of THE LANCET I shall be happy, if you will kindly afford me space, to discuss it at greater length at a future date.

I am, Sirs, yours faithfully,
Oct. 9th, 1894. LEX.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Medical Institution.

THE first meeting of the fifty-fifth session of the local Medical Institution was held on the 4th inst. Over 160 members and associates were present. Before delivering his address the President, Mr. Chauncy Puzey, referred to the serious injury which recently befel one of the members of the institution, Dr. Joseph Wiglesworth, whilst engaged in his duties at Rainhill Asylum, an injury which would have proved fatal but for the prompt and excellent surgical treatment which he received at the hands of Mr. Damer Harrisson, assisted by the resident assistant medical officers of the asylum. He felt sure that all present would agree that a message of sympathy and good feeling should be sent to Dr. Wiglesworth at the earliest opportunity; and also that all would join with him in congratulating Mr. Damer Harrisson on the successful result of his exertions. This gentleman will, Mr. Puzey added, have his reward in the lifelong recollection that he was the means of saving the life of his friend and former fellow student when it was in the greatest peril. The following resolution was carried unanimously: "The members of the Liverpool Medical Institution desire to take this, the earliest opportunity, of conveying to their fellow member, Dr. Joseph Wiglesworth, the assurance of their sympathy with him in the peril and suffering through which he has recently passed, their hearty congratulations on his recovery, and their earnest hope that he will before long be able to return to the important duties entrusted to him." Mr. Puzey commenced his presidential address with a graceful tribute to the addresses of his predecessors in the chair, which, he observed, had been of such a high standard as to make it difficult for him to follow them. Fortunately they had left him the advantage of being able to speak on a subject in which he was personally interested, and as he assumed that the session would be devoted as usual to the consideration of the most recent advances in the practice of the various branches of the medical profession, he thought it well to look back a little and recall some of the events of interest and of advance within the last thirty years. In considering what subject he should select, Mr. Puzey thought of the various improvements in the details of surgical practice which had taken place since he came to Liverpool, and in answer to the question, "What improvement had held its ground longest, and still appeared likely to do so in much the same form as when introduced to notice?" his answer was that the "antiseptic animal ligature" held the first place. It was just a quarter of a century since it was introduced by Professor Lister, and it was first used on the human subject, and successfully, in the old Royal Infirmary of this city by Mr. Bickersteth. Mr. Puzey then alluded to what took place before this year (1869) with regard to the best mode of controlling arterial hæmorrhage—acupressure *v.* the old-fashioned ligature, torsion *v.* acupressure, and, finally, the catgut ligature *v.* torsion. Allusion was next made to the late Sir James Simpson's experiments on animals by compressing the arteries with needles, and to the subsequent history of acupressure as applied to the human subject by Mr. Crompton of Birmingham, Mr. William Adams of the London Hospital, Mr. Bickersteth at the Liverpool Royal Infirmary, Mr. Page of Carlisle, Dr. Greig of Dundee, the late Dr. Pirrie and Dr. Keith of Aberdeen. Mr. Puzey then detailed his own experiences of acupressure and that of the late Mr. Cooper Forster of Guy's Hospital. In seeking for the reasons why acupressure, after achieving such brilliant results, had fallen into disuse, he observed that in some cases it was by no means easy to apply, and took much time until practice had been acquired. Then, when many needles were used, it was difficult to accurately close the wound; suppuration occurred not infrequently, and hæmorrhage often occurred, necessitating ligature of the vessels. The subject of torsion was next dealt with and the soluble wire ligature, and finally the "antiseptic animal ligature," which, applied to an artery, virtually surrounded it with a ring of living tissue, which actually strengthened the vessel where it obstructed it. This was dealt with at length, Mr. Puzey remarking that he had some idea of giving his address the title of "A Surgical Revival." For, as he observed, the Listerian ligature is the outcome of the revival of an idea so old that it is wellnigh impossible to say when it was new; and, as he truly remarked, it was impossible for any who commenced surgical work during

the last twenty years to have any idea of the extent of our gain in this respect. Mr. Puzey's address was illustrated by diagrams, was supplemented with numerous quotations, and was listened to throughout with the most thrilling interest. At its conclusion a most cordial vote of thanks was moved by Mr. Banks, seconded by Mr. C. B. Wilson, and carried amidst general applause. The members present then adjourned to the upper rooms of the institution, where refreshments were provided and where a smoking concert concluded a most agreeable evening. The corridors and rooms were tastefully decorated with plants, which were lent by Dr. Caton.

A Clergyman on Vaccination.

At a meeting of the St. Thomas's Seaforth Mutual Improvement Society the President, the Rev. R. F. G. Smithwick, gave the annual address, taking Disease and Sanitation as the subject of his remarks. Speaking of small-pox, he deeply deplored that there were still some prejudiced people who objected to vaccination. Whatever might be said to the contrary, there was overwhelming evidence to prove that vaccination had been of immense advantage to the human race. If it were possible to vaccinate every child in the United Kingdom for the next ten years small-pox would become an unknown disease in these islands.

"Record Breaking" in the Drunkard's Court.

The term now so generally used, "record breaking," as applied to cycle races, ocean steaming, &c., has now been used by a local magistrate to the unhappily frequent appearance of a female at the police-court. This woman appeared before him recently for the 333th time. The magistrate remarked that the prisoner no doubt held the record in that court. She seemed to be incorrigible, but he could only inflict a fine of 20s., or, in default, fourteen days' imprisonment.

Health of Liverpool: the Decline of Small-pox.

At the meeting of the health committee on the 4th inst., Dr. Hope, the medical officer of health, was enabled to report a mortality rate of 22·7 per 1000, as against 25·1, the average of corresponding weeks of the last ten years. He was also able to make the very gratifying announcement that the number of small-pox cases in the city had diminished, only 17 having been dealt with since the last meeting of the committee. Five of these 17 cases had been notified by medical men and 12 by the staff of the committee. Fourteen cases were within a circle, and 3 were due to visiting a house infected with small-pox. All the cases had been found at the earliest possible stage of the disease, and had been removed to hospital probably before any other person could have been affected.

Oct. 8th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

The late Dr. Charles Gibson of Newcastle.

PROFESSOR PHILIPSON, at the opening of the College of Medicine on the 2nd inst., said "that the College of Medicine had sustained a severe loss during the year by the lamented death of Dr. Charles Gibson, the much respected lecturer on Diseases of Women and Children. Dr. Gibson had left a legacy to found a scholarship in connexion with his chair, so that his memory would be deservedly remembered."

South Shields Workhouse.

A Local Government Board inspector visited South Shields Workhouse the other day for the purpose of making an inquiry into the charges which had been brought against the workhouse officials by the Nursing Association, who had supplied nurses to the institution. There was a large attendance. The charges alleged that the food supplied was insufficient, bad, and not of a quality suitable for sick people. The evidence of the officials showed that the diet had been approved by the medical officer and by the guardians and the Local Government Board. Other charges were also made. The inquiry lasted for over eight hours. The inspector said he would report in the usual way.

Outbreak of Glanders at Sedgefield.

The local sanitary authority have received a communication from Mr. G. E. Gibson, M.R.C.V.S., reporting an outbreak of glanders in the Sedgefield district. The diagnosis has been confirmed by Professor McFadyean, M.B., B.Sc., of the Royal Veterinary College, London. A case of glanders has not been previously known in the Sedgefield district for twenty years. The affected animal has been destroyed, and every means is being taken to prevent the disease from spreading.

The Smoke of Newcastle.

Professor Oliver, in a recent address to the North of England Branch of the British Medical Association, called attention to the smoke nuisance. "The atmosphere in and around Newcastle," he said, "is polluted with material which perfect combustion could diminish." It is a matter of opinion, but I believe that the smoke of Newcastle is not so dense as that of many other manufacturing towns.

A Brave Surgeon.

A presentation has been made to Dr. Walter Murray, surgeon, of Haydon Bridge, for his courageous conduct in assisting a police constable whilst executing his duties under considerable difficulty. Whilst in the act of arresting an American negro at Haydon Bridge the constable was rushed upon by a crowd of roughs, and had it not been for the timely assistance of Dr. Murray he might have been more seriously injured. The subscribers to the presentation, which consisted of a beautiful bracket chimney clock, include nearly the whole of the members of the constabulary in the county.

The late Railway Accident at Northallerton.

The condition of the injured in the Northallerton collision is favourable so far. Of the four men in the Northallerton Cottage Hospital, Adamson has been the worst injured, but he is now reported by the surgeons as improving. It is said that the North-Eastern Railway Company contemplate altering their signals; the present "all right" white signal is to be changed to green; the red "danger" signal is to be changed to white, owing, it is said, to the red light appearing white under some atmospheric conditions.

Presentation.

Dr. Symington of Brampton, medical instructor to the local ambulance class, has been presented with an afternoon tea-tray of unique design on behalf of the members.

Newcastle-on-Tyne, Oct. 10th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

The Medical Education of Women in Edinburgh.

THERE has been an expectation in Edinburgh that the University was to make arrangements, such as the Universities Commission has authorised, for the admission of women to the degree of Medicine. This expectation has not been groundless, for the Women's Schools have been examined by a committee of the Senators and reported on. The Women's Schools are to receive recognition. What goes on within the Senate chambers is not known, and the general belief that the University of Edinburgh had not made arrangements has resulted in students being attracted to Glasgow by the opening there of the University to them.

Proposed Amalgamation of Leith and Portobello with Edinburgh.

The advantages of this scheme from the public health standpoint were referred to here when this matter was brought up at the Edinburgh town council. The scheme has now been submitted to the Portobello town council, and, on the motion of the Provost, has been remitted to the chairman's committee. There are, of course, many things to be considered besides the advantages accruing to the public health, and it will take time to remove difficulties and to reconcile the local authorities to the idea of absorption into a larger body.

Edinburgh Water Trust.

At a meeting of the works committee of the Edinburgh and District Water Trust the recommendation of the subcommittee in favour of the Tweed scheme was adopted. The report was as follows: "That, having carefully considered the report of the engineer, the subcommittee are of opinion that the Tweed scheme should be adopted as being the most suitable for Edinburgh and district; that the tunnels and aqueducts should be constructed to carry 24,000,000 gallons of water per day; that the pipes be laid capable of conveying 10,000,000 gallons per day for a first instalment;

that the construction of the Menyion tunnel be delayed until more water than 8 000,000 gallons per day is required from the Talla, which will reduce the cost of the first instalment to £631,371; that the recommendations of the Works Committee, as contained in a former report in regard to the sinking fund and the extension of the compulsory area of supply so far as to include the whole of the city, be given effect to in the Bill; that, in order to secure the control of the Tweed valley and give the trustees a *locus standi* in Parliament for the purpose of the Bill, Parliamentary notices be given, and the plans lodged forthwith, subject to the ultimate approval of the scheme by the corporations." The amendment submitted was for delay. Many good reasons are advanced in support of this scheme, but they will doubtless be severely criticised, and the whole matter will be still further ventilated before decisive action is taken.

The Edinburgh Royal Infirmary.

At the weekly meeting of the managers of this infirmary it was reported that the church collections for the year ending Sept. 30th amounted to £1738 9*s.* 3*d.* This is a falling off of £152 10*s.* 6*d.* as compared with the preceding year. The Rev. Dr. Scott, who is a member of the board, commented upon this, and thought the matter ought to be more urgently brought under the notice of the churches in town. Dr. Batty Tuke suggested the starting of a Hospital Saturday. Lord Provost Russell, who occupied the chair, was opposed to sensational methods of raising money; those methods were wasteful, and they had not required to resort to such expedients for the support of their great charities hitherto. It was ultimately agreed to bring the matter more specially under the notice of the ecclesiastical bodies. Many of the appointments to house physicianeies and surgeoncies were made at this meeting, these appointments being for six months.

The Edinburgh Fever Hospital Extension.

Some considerable time ago I stated that the Public Health Committee had asked the Royal College of Physicians its opinion as to the propriety of extending the Fever Hospital on its present site. The opinion of the College is against such extension, and this opinion came before the sub-committee, which had the matter in hand, the other day, but its full consideration has been postponed.

The Health of Edinburgh.

The most noteworthy point in the report on the public health of Edinburgh in September is the low mortality, the death-rate being only 12·90 per 1000. Of 23 deaths due to zymotic diseases 8 were due to diphtheria, 4 to typhoid fever, 4 to scarlet fever, and 2 to small-pox. Small-pox has not yet been stamped out; nearly every week shows a few fresh cases reported, and there are still 13 cases in hospital.

Professor Yule Mackay.

The first house dinner of the University Club for this season was held last week and took the form of a complimentary gathering in honour of Dr. John Yule Mackay, who now leaves Glasgow University to take up the chair of Anatomy in Dundee. Professor Coats presided, and Professor Gairdner and many of the friends of Dr. Mackay were present. Dr. Mackay has been for twelve years assistant and lecturer in Anatomy here, and well deserves his recent promotion.

Glasgow Southern Medical Society.

At a meeting of this society the following gentlemen were elected office-bearers for the session 1894-95:—President, Dr. John Brown; vice-president, Dr. Alexander Rankin; treasurer, Mr. J. C. Edmiston; secretary, Dr. T. W. Jenkins; editorial secretary, Dr. W. McMillan; sealkeeper, Dr. A. S. Tindal; governor of Victoria Infirmary, Mr. E. McMillan; court medical: Drs. Fenwick, Lapraik, Lindsay Steven, Napier, and J. K. Kelly (convener). The following gentlemen complete the council:—Drs. Robert Forrest, C. E. Robertson, and Gordon Wilson.

"Home for Scrofulous Children."

The Glasgow "fresh air fortnight" scheme, which has done such good work for the poor children of our city slums, is now turning its energies in a new direction—namely, towards building a home for "scrofulous" children, for the erection of which £2000 has been given by anonymous donors. The home is to occupy a position midway between the infirmary and the convalescent home, being "for children suffering from what are known as scrofulous, strumous, or tuberculous affections," who have not been benefited by the "fresh-air" movement except in a very limited way; in such cases the disease is not far enough advanced to warrant admission into hospital and is yet sufficiently marked (and often accompanied by open sores) to prevent association with those sent away for the usual "fresh-air" fortnight.

Oct. 9th.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

Beri-beri in Richmond Lunatic Asylum.

A MEETING of the governors of Richmond Lunatic Asylum was held last week to inquire into the disease which has been so prevalent there. There were then about 100 cases of the disease, which probably is beri-beri, and, if so, it is apparently the first outbreak of the kind in Europe. It is strange that the authorities have neglected to ask any military surgeon who has lived for years in India to make a diagnosis. Nothing, however, like it has been seen before in this country. I believe I am correct in stating that beri-beri is a disease due to overcrowding, and the overcrowding of the inmates of Richmond Lunatic Asylum is well known. It is, therefore, not strange that none but lunatics have been attacked, the officers having escaped simply because they were not overcrowded, as the inmates are. There had been at the time of the meeting no additional death. The symptoms of the first few cases seemed to be those of simple dropsy, dependent upon a non-specific cause. Sometimes the dropsy became general, and the patients died from attacks in other organs, such as the lungs; in other cases the dropsy disappeared and was followed by paralysis of the lower extremities. The Presidents of the Royal Colleges of Physicians and Surgeons suggested that the patients should be removed to some place capable of affording accommodation to a number in excess of those affected, in view of the possibility of an increase in the number of cases, and recommended, considering the obscure nature of the disease, that every facility should be given for pathological investigation.

Attack on a Physician by a Lunatic.

Dr. Woods, resident medical superintendent of the Cork District Lunatic Asylum, was recently assaulted by an inmate of the asylum, who threw a goblet at his ear, hurting him severely. At a meeting of the board of governors last week Dr. Woods left the board-room during the proceedings, not having recovered from the effects of the blow.

Accident to Dr. J. Cranny.

Dr. John Cranny of Merrion-square, while riding a spirited horse last week, was thrown to the ground and severely shaken. He was conveyed to his residence on a car and has now recovered from any ill-effects.

The Meath Hospital.

The inaugural address at the commencement of the winter session was delivered on Monday last by Sir William Stokes. After some preliminary remarks to the students present he said it had been his lot on various occasions to point out the giant strides in operative surgery that had been the outcome of the great revolution in the treatment of wounds initiated by Pasteur and Lister, and it would always be among the happiest recollections of his life that he was among those who first systematically and formally adopted Listerian antiseptic practice in Dublin. Much opposition and ridicule had been encountered, but it had survived all such brainless depreciation, as of necessity it was bound to do, and it now occupied a position in surgical estimation from which it could never be dislodged. The great principle of antisepsis, as developed by Lister, was now recognised and adopted wherever scientific surgery was taught and practised. If anything deprecatory of antisepsis could be said, it might be that in the minds of some zealous operators it possibly had a tendency to beget an overweening confidence in the powers of their art. The result has been that the ethical principles which should always guide us in our operative work have, at times, he thought, been neglected, and operations had been undertaken that in the present state of our knowledge had, he feared, overleapt the pale of legitimate surgery. He alluded more particularly to such procedures as pulmonary resection in cases of pulmonary tuberculosis of the lung, transplantation of bones and

periosteum from the lower animals for osteogenetic purposes, and chiselling away projections of the bodies of the vertebræ for the relief of anterior pressure on the cord in cases of fracture, with displacement of those bones. Such procedures were fraught with dangers which were so insuperable, and over which antisepsis could exercise such little influence in their final results, as to render them, at present at all events, unjustifiable. At the meeting of the German Surgical Society, last April, Tillmann, of Leipzig, read a communication on Craniectomy in Microcephalus. He is unfavourably disposed towards the operation, chiefly on the ground that in microcephalous persons there is almost always a congenital malformation of the brain which is uninfluenced by any abnormality in the calvaria. These changes, as Professor Fraser and other observers have pointed out, are not confined to the brain alone, but are found affecting the whole of the central nervous system—in truth, the developmental changes are so profound in the microcephalic condition that no closure of sutures or opening of sutures could influence them in any way. The sutures and fontanelles are, in Tillmann's experience, normally developed in this condition. It is only then, in the very rare cases of microcephalus with premature closure of them, that craniectomy could have any possible standpoint, and on two such cases Tillmann operated, but the results were not encouraging. If in the case of certain forms of bowel obstruction, of cancer, of appendicitis, and of other conditions he might indicate, there had been of late too great a readiness to resort to operative measures, there were others—membranous croup and diphtheria—where surgeons at times did not resort to them with sufficient alacrity. Sir William Stokes concluded his address by saying we should ever bear in mind the last words of the great Velpeau, who, when Death beckoned to him with his icy hand, whispered to the faithful friend beside him "Travaillons toujours." And so, with a lofty ideal to live and work up to, let them set out "heart within and God o'erhead," and accomplish honestly and truthfully the task they had chosen to do, always bearing in mind not only that every forward step made by honest work, be it great or be it small, be it the assertion and establishment of a great principle or but the faithful record of a case, might possibly be the means of bringing welfare and happiness to an individual, a class, a country, or an era, but that the good achieved might be, as was said of the work of Shakespeare—"Not of an age, but for all time."

Oct. 9th.

Obituary.

OLIVER WENDELL HOLMES, M.D.

"*Novimus quanto lepore descripserit colloquia illa antemeridiana, symposia illa sobria et severa, sed eadem festiva et faceta, in quibus totiens mutata persona, modo poeta, modo professor, modo princeps et arbiter, loquendi, inter convivas suos regnat.*"[1]

As all the world knows, Oliver Wendell Holmes died on Monday last, Oct. 8th, at Boston, in his eighty-sixth year. Oliver Wendell Holmes's reputation as essayist, poet, psychologist, and philosopher has been widely recognised and acclaimed by all English-speaking peoples; while to the medical world, as belonging to it and as deriving through his medical knowledge much of his particular literary distinction, he has ever been the object of closest attraction. No record of his life would be complete that did not recognise in him as much the physician and anatomist as the philosopher and *littérateur*. And this is no common mixture. It is a curious fact that many of the most eminent expositors of the literature of fancy have considered themselves hampered by their ignorance of medicine and of the physical facts which order human life, and by which human life is co-ordinated. To many of these it has seemed that, if they only had been better versed in mental pathology or more deeply instructed in medicine, they could have done better work. We say this is a curious fact because it is seen, upon looking closely into the matter, that there are comparatively very few instances of medical men who have made a great mark in other than medical literature. Those who have possessed the knowledge for which writers of world-wide repute have sighed have never felt drawn to use it in the popular manner, or have been without the requisite skill if impelled by the wish; and those who have had the pen and the opportunity have been without the knowledge. Oliver Wendell Holmes was a marked exception. He was in those branches of his profession to which he gave attention an exactly learned man, and he brought his learning to bear upon the most fanciful of his productions, and in no case was either false to the frigid rules of his science or to the warm ideas of his imagination.

Oliver Wendell Holmes was the son of a Congregational minister (a character sketch of whom we find in his poem, "The Family Record"). His mother was Sarah Wendell, the daughter of the Hon. Oliver Wendell and granddaughter of Dorothy Quincy, immortalised as "Dorothy Q." He was born at Cambridge, a suburb of Boston, on Aug. 29th, 1809, a year that is also famous for the birth of Darwin, Tennyson, and Mr. Gladstone. The house in which he was born is still standing on the Green at the north-western corner of the picturesque red buildings of Harvard University, where he received his education, and where he spent thirty-five years in educating his successors. He graduated in 1829, and chose as his profession the law, but promptly deserted it for medicine. After two years' medical study in Boston, during which, although a diligent and even brilliant student, he was chiefly distinguished among his fellows as a splendid talker and the author of several prize poems, he came to Europe, and studied medicine in Paris under Bérard, Orfila, Cruveilhier, Dupuytren, and Dubois among others. It was in Paris that he made the acquaintance of the late Dr. Walter Hayle Walshe, whom he proposed for the Société Médicale d'Observation, and who, fifty years later, dedicated the best known of his learned works to his old friend and fellow student. From Paris Oliver Wendell Holmes returned to America, graduated at Harvard as Doctor of Medicine, and three years later—that is, in 1839—accepted the appointment of Professor of Anatomy and Physiology in Dartmouth College. The rest of his purely medical career can be summed up in a sentence. In 1847 he was appointed Professor of Anatomy in the Harvard Medical College; he held this office until 1882, when, upon resignation, he was appointed Emeritus Professor; and he wrote some suggestive treatises dealing with what are generally known as "border-land problems." His relation to medical science was always more tuitional than practical.

Almost upon his return to America from Paris he was a celebrated man of letters, for, although the work which made him at once a popular as well as a famous writer all over the world—we refer, of course, to the "Autocrat of the Breakfast Table"—was not published as a whole till 1860, he was well known to literary America during the intervening twenty years as a poet and essayist, being able in a remarkable manner to carry on conscientiously the life of the genuine man of science contemporaneously with that of the genuine man of letters. Dr. Wilks in an eminently appreciative article upon the qualities distinguishing Oliver Wendell Holmes, which was published in THE LANCET, July 3rd, 1886, has pointed out in words which we could not attempt to improve upon how wonderfully the great American has been able to use in general literature his accurate knowledge of medicine and its auxiliary sciences. We refer all our readers to Dr. Wilks's article as affording an excellent estimate of Oliver Wendell Holmes's literary work in its relation to his medical education, but from it we quote one passage which eloquently demonstrates the noble attitude towards the public at large that a man of great scientific knowledge thought it incumbent upon himself to assume.

"How intimately," writes Dr. Wilks, "states of health, forms of disease, or inherited temperaments affect the mental and moral qualities every medical man knows; but how often do we see them entirely overlooked or ignored by those who are regarded as our leading novelists or poets. At least, this was so with many writers of the last generation, where the material basis and all the coarser functions of the body were hidden to give place to the more refined and elevated passions of the mind. A severance of this kind of natural phenomena has led to the reaction in the production of the realistic school, and we see the result in much of our modern literature, painting, and the drama. It has already reached its climax in certain French and English novels, in which the loathsomeness of the descriptions is usually sufficient to cause the reader to close their pages. Some of those

[1] From the speech by the Public Orator of Cambridge University on the occasion of the conferring upon Dr. Oliver Wendell Holmes the honorary degree of LL.D.

who have protested against the modern realistic school have very unfairly dragged some of our profession into the mire, and have associated distinguished scientific men, whom they have been good enough to style materialists and vivisectionists, with those who can depict the horrible details of a murder on an immense canvass in the *salon*, or describe minutely the filthy particulars of the animal functions in a French novel. Oliver Wendell Holmes is a living protest against so gross a charge. These critics fall into the error of confounding the act of dissection with its exposure to the public eye. It need not here be said that those who wish to learn the intimate structure of the human body must remove the outer skin to enable them to discover the mechanism within, but the sight is not a pleasant one to the uninitiated eye, and the investigation is considerately kept from the public gaze. In a similar way, in order to obtain a perfect knowledge of all that pertains to the faculties, feelings, desires, and passions of the human being, the whole nature of men and women must be dissected or unravelled, so that those who have discovered the intimate connexion between the influences of a material kind and such passions as love and hatred are in the best position to portray human nature in all its attitudes. It by no means, however, follows that Zola need describe with minute details all the lower animal functions, which the instincts command us to keep secret. Let him make the analysis if he pleases, and even use it in furtherance of his object, but he need not expose the details to public view."

Oliver Wendell Holmes's general scientific culture enabled him to take into thoughtful account, to weigh, to summarise, and to accurately estimate the human character. He constantly, almost invariably, falls back upon his scientific knowledge to supply in his characters with reasons not only for their large actions but for their small gestures. His whole work is tinctured with his knowledge of medicine, though that knowledge was never allowed to hamper or overlay his graceful fancy. He has been particularly loyal to his profession in placing it before the public in the prominence that it deserves in the community. "While I am writing this paragraph," he says in "Elsie Venner," "there passes by my window on his daily errand of duty, not seeing me, though I catch a glance of his manly features as he rides by, a surgeon of skill and standing, so friendly, so modest, so tender-hearted in all his ways, that if he had not approved himself at once adroit and firm, one would have said that he was of too kindly a mould to be a minister of pain, even if it were the saving of pain." And in several other passages which could be quoted his high estimate of the profession of healing is no less marked than his resolute intent that that estimate should be shared by the public. With regard to the position that Oliver Wendell Holmes occupies now, or will occupy in the future, in the world of letters we do not desire to say much. His purely literary reputation is so large and so general that there is no necessity for us to insist upon it, while we have no wish to estimate its height by invidiously comparing him either with immortal predecessors or great living men. Before 1857 his fame, though assured, can hardly be said to have been widespread. He was the head, or if not the head at least the unspoilt favourite, of the most cultivated *coterie* of the most cultivated town in the United States, at a time when the United States was making a remarkable movement towards literary culture. In his immediate circle his poems, essays, scientific work, and conversation alike had marked him out for the place in letters that from the publication of "The Autocrat of the Breakfast Table" he has occupied in the English-speaking world. Those in Boston who knew him felt that those out of Boston had only to know him to recognise him at once as a genius of a singularly sweet, comprehensive, and comprehensible order; and so it proved. The success of the "Breakfast Table" series, those whimsical, learned, trivial, pathetic, humorous, and poetical medleys, was immediate and pronounced. There was something in them that appealed to the better side of everybody, and yet nowhere about them did they bear the stamp of having been written to court popularity or to win cheap fame. The culture and finish of the writing were as obvious as the breadth of the sentiments, and the learning as genuine as the simplicity was unaffected. Whatever his fame may have been in Boston before the publication of the Atlantic Monthly papers, from that time it became general, and from that time the career of Oliver Wendell Holmes is a matter of such widespread and complete notoriety that it would be superfluous to detail, at any rate here, his works, the dates of their appearance, and what we—or for that matter what anybody else—thinks of him as a poet rather than essayist, as a humourist rather than either. It is a proof of the catholic quality of his work that no two thinking people would ever agree upon these points.

In 1886 Oliver Wendell Holmes re-visited England after an interval of fifty years. He had seen the England of William IV., the Duke of Wellington, and Sir Robert Peel, and seen our landscapes from the box of a stage-coach. He had attended Vauxhall Gardens and been conducted to the opera to hear Grisi, to a concert to hear Paganini, and to Plenipotentiary's Derby. He returned to the England of the year before Her Majesty's Jubilee. He was received with almost unprecedented enthusiasm. He was entertained by the worlds of science, literature, and fashion daily; yet the number of public bodies and private individuals to whose reiterated desires to welcome him he was compelled by lack of time and out of some slight consideration to his advanced age to decline quintupled the number of his acceptations. Oxford, Cambridge, and Edinburgh Universities conferred their highest honorary distinctions upon him, and Royalty were introduced to him at the special request of Royalty. It is doubtful whether any man of letters has ever had from us as a country a more completely universal, or more honestly, even exuberantly, cordial welcome.

From this time Oliver Wendell Holmes became a stay-at-home—his own expression—either at his house on Beacon-street, Boston, or his country residence near Beverley. He did not stop working, and in 1890 produced a volume of poems (many of which, however, had been written in earlier life) and as late as 1890 a cheering little set of essays; but he withdrew as much as possible, without being churlish, from social functions, limited his correspondence, put some check on his cosmopolitan visitors, and relied much on his secretary and librarian. A letter has been sent to us for publication from a contributor who had the honour and pleasure of being the guest of Dr. Oliver Wendell Holmes last summer. With this brief description of a recent interview we close a notice which we know to be inadequate as an estimate of its subject's literary claims, but which, we hope, displays the admiration and affection in which we hold the Autocrat of the Breakfast Table. "We drove out of Beverly," our correspondent writes, "the beautiful town near which Dr. Oliver Wendell Holmes lived, every street of which is an avenue, and arrived at his pretty house distant some three or four miles. The house, a modest but commodious villa, stood near the road in hilly picturesque grounds. I shall never forget my impression of the famous Autocrat. He was small, erect, and notably well-dressed. He received us with extreme cordiality, and with a briskness that belied his words which described himself as a 'stay-at-home" and 'an automaton.' And then he began to talk, and as a genial, shrewd, witty *raconteur* it was easy to guess he had been seldom surpassed. He alluded to his slight deafness—which with a little rheumatism constituted his only infirmity—as being useful in preventing him from appreciating the annoyance of contradiction, as he poured out bright keen remarks upon medicine and letters. My companion, a famous novelist, was astounded with the way in which the veteran had kept himself abreast of all that was best in literature. To me he apologised 'for not talking shop,' while he congratulated me upon belonging to the noblest of professions. All who have read the 'Breakfast Table' series will have fallen under its author's charm; but it seems to me that, having seen its author, I can understand how for more than half a century Dr. Oliver Wendell Holmes has been the idol of literary America."

HENRY MADGE MADGE, M.D. ST. ANDREWS, M.R.C.S.

THE announcement of the death of Dr. H. M. Madge at St. Albans on the 3rd inst. has been received with great regret by a large circle of friends and acquaintances, private and scientific. Dr. Madge was born in North Devon on April 19th, 1824. He received his medical education at Guy's Hospital, from which institution he graduated with the usual double qualification of that day—the M.R.C.S. Eng. and L.S.A. Lond., to which he added the Doctor's degree at St. Andrews University in 1850. Having held all the house appointments at the hospital he proceeded to Paris, where, under Dubois, he studied gynæcology, to which subject he chiefly devoted himself from the

commencement of his professional career. Returning to London in 1854, he practised in Upper Wimpole-street, became a Vice-President of the Obstetrical Society, and communicated to the Transactions of that Society and to our columns several interesting papers. During the cholera epidemic of 1865–1866 he was appointed medical officer to a large district in the West-end of London, and the valuable work which he then did brought him into considerable notice. With a large general practice upon his shoulders, he enjoyed very good health up to April, 1891, when, at the age of sixty-eight, he had a sudden hemiplegic attack. Complete paralysis of the left side followed and persisted, and compelled him to retire. He left London for St. Albans to linger on a helpless cripple for three years, until bladder complications brought his long illness—throughout which he displayed the greatest patience—to a close. Dr. Madge was in disposition somewhat retiring and reserved, and during the later years of his active life did not go much outside his family and professional circle. In his practice his kindness of manner and genuine interest in their welfare won him the sincere regard and confidence of all his patients, to many of whom his sudden illness was a severe shock. He was Vice-President of the Paris Medical Society, of the Archæological Society, of the Medical Society of London, and of the Obstetrical Society, and the author of a treatise on Diseases of the Fœtus in Utero and of a record of Important Cases which occurred in the Parisian hospital (La Clinique d'Accouchements) to which he was attached. Among his contributions may be mentioned papers on Uterine Hæmatocele, on Fibroid Tumour impeding Delivery, and on Chronic Hydrocephalus, all of which may be found in the Transactions of the Obstetrical Society; and a paper on Diseases simulating Laryngitis, which appeared in our columns.

Dr. Madge leaves a widow and seven children.

FRANK VIGERS BUNCH, F.R.C.S. ENG., L.R.C.P. LOND.

UNIVERSITY COLLEGE HOSPITAL has again, within a period of only a few years, to mourn the loss by death, whilst in office, of one of its junior medical officers. In 1890 Dr. Cyril Jecks, when holding the appointment of resident medical officer, developed diphtheria and died. On Friday, Oct. 5th, in the early morning, Frank Vigers Bunch, surgical registrar to the hospital, after a short and painful illness, died from the same disease, of a very virulent type, at the early age of twenty-five. Although tracheotomy was performed the disease was not arrested, pneumonia supervening on the last day or two. It appears that just before he was seized with the illness he examined a child who was admitted into the hospital in the last stages of diphtheria, and who died only a short time subsequently to admission.

Frank Vigers Bunch was born on July 15th, 1869, and was the second son of Dr. J. J. Bunch, a practitioner for many years in Wolverhampton. He was educated at the Royal Naval College, Gosport, and subsequently at Charterhouse, where he showed no preference for any special kind of work. In fact, it was not until he began scientific work for the medical profession that he developed any liking for books or pronounced application for study. Entering the medical side of University College in May, 1887, he soon showed he was a man of no ordinary ability, and after two years of anatomy and physiology was appointed assistant demonstrator of anatomy in the winter of 1889–90, at the end of which he passed the first F.R.C.S. examination; but it was not until he began to work in the wards of the hospital that his exceptional character became fully manifest. He easily distanced every competitor, and besides numerous medals, including the Bruce gold medal, was awarded the Filliter Exhibition of £30 in pathology and the Atchison Scholarship of £60 for two years in surgery and medicine. In July, 1892, he obtained the qualifications of M.R.C.S., L.R.C.P. After holding the posts of house surgeon, ophthalmic assistant, and obstetric assistant, he was appointed surgical registrar at the beginning of the present year. In November, 1893, he passed the Final F.R.C.S. Examination when only twenty-four, being then too young to receive his diploma.

Mr. Bunch, as well as possessing a thorough knowledge of the science of his work, was endowed with the most remarkable clinical instinct. He seemed to arrive at an appreciation of the nature of the case before him so rapidly and truly that it appeared to on-lookers almost like an intuition rather than a reasoned weighing of the pros and cons. He was always most conscientious in his work and his love for it was very great. Those who knew him well looked forward with the keenest interest to a brilliant future in store for him, and surgery, to which he had decided to devote himself, would undoubtedly have gained much by having such a worker in its ranks. Always full of life, he was ever ready to join in a discussion, and very seldom came off second best. Facile of speech, he would often treat his opponent to a playful sarcasm which few men could imitate. He was Vice-President for the year of the Hospital Medical Society, and when he took a part in the proceedings his words were always incisive and to the point. His knowledge of books was wide, and there was no better read man in the hospital. To his friends his love of pictures was well known, and his leisure hours were often spent in their study. All who came in contact with him liked him—his frankness, generosity, and abundant vivacity made a deep impression. Those who watched by his bed during the last few days of his life tell us that his patience and self-control in the last distress of his terrible illness never forsook him, although he had been longing for hours for a release from his sufferings.

The funeral took place on Monday last at Finchley Cemetery in the presence of a large number of the hospital staff, old fellow students, and nurses.

THE EIGHTH INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY.

THE EXCURSION TO CONSTANTINOPLE.

A Day in Quarantine.

(FROM A SPECIAL CORRESPONDENT.)

THE excursion to Belgrade had consisted of 135 persons but of these only ninety went to Constantinople. Among the latter by far the larger proportion were Hungarians, who numbered in all thirty-seven persons. Strange to say, there were only two Austrians. On the other hand, there were no less than eighteen Germans. England stood next on the list with nine representatives. Then there were eight Frenchmen, six Dutchmen, two Russians, two Norwegians, two Swiss, one Belgian, one Brazilian, one Swede, and one Italian. The English participants in this notable excursion were Mr. G. Cunningham of Cambridge, delegate of the National Dental College, London; Mr. Frederick Hendrik, F.S.S., F.I.A., Vice-President of the Royal Statistical Society; Colonel Mumby, chairman of the Gosport urban sanitary authority; Dr. Mumby, medical officer of health of the borough and port of Portsmouth; Mr. Carlton Williams, P.H.D. Heidelberg, Professor of Chemistry at Firth College, Cambridge, and Mrs. Williams; Mr. E. Vinson, F.I.C., of Gloucester; Dr. J. C. Thresh, medical officer of health of the Essex County Council, honorary secretary and delegate of the Society of Medical Officers of Health; and, lastly, a representative of THE LANCET. Several of the delegates belonging to other nationalities were representatives of their respective Governments, as, for instance, Dr. and Senator Crocq, of the Brussels Academy of Medicine; Professor Buchner, from Munich; Dr. Agosto Cesar de Miranda Azevedo, from Brazil; Dr. Vallin, from the French Ministry of War; Dr. W. P. Ruysch, Chief of the Sanitary Services at the Dutch Ministry of the Interior, and others. Altogether thirteen nationalities were represented by the ninety delegates who proceeded to Constantinople. Under the adverse circumstances this was a fairly good representation. Such a journey is not easily performed, and there was the certainty of twenty-four hours' quarantine, and the fear that this might be prolonged, involving expenses and a loss of time that could not be estimated beforehand.

The first hardship occurred at the Belgrade station. Here it was found that the train which had brought us from Budapest had disappeared, and that another train, composed in part of second-class carriages, had been substituted. As we had all paid for first-class tickets, there were naturally loud protests. Then the train, such as it was, was not large enough to hold the whole company. Fortunately a member of the Servian Government who was present, seeing the distress of the delegates, ordered another carriage to be added to the train. But on the following day this carriage

was taken away for the purpose of sending it back to Belgrade, and it was proposed to cram its inmates into the remaining and already overcrowded portion of the train. This led to a regular mutiny on the part of a large number of the members. They loudly clamoured to have their money returned, proposed to telegraph to the Sultan and to the *Times* newspaper, and in many other ways sought to protest. At last the carriage was brought back and coupled once more to the train, and we were able to proceed in peace. It was between seven and eight o'clock in the morning that we reached the quarantine station of Tchataldja. We had now slept three nights in the train, were cramped for room, and were thoroughly exhausted. There were only sleeping cars for seventeen persons, and for these a heavy extra charge was imposed. Thus the majority of the excursionists had not been able to undress for three nights, nor were they able to rest comfortably. Fortunately we were destined to find some relief and comfort where it was least expected—namely, at the quarantine station.

Tchataldja is a small railway station situated on a broad uninhabited plain, for the village of the same name is more than a mile away from the station. Constantinople is reached from here in a two hours' slow railway ride. The quarantine is not therefore intended to protect Turkey against other nations, but to shield Constantinople from infection from other parts of Turkey. There had been some cholera at Adrianople and at Mustapha Pacha, and our train had passed through both these places. The other trains that take passengers from these towns have to undergo five days' quarantine at Tchataldja, but as we did not take up any passengers we had to undergo only twenty-four hours' detention. Before the small wooden house that does duty as the railway station of Tchataldja there are three lines of rails. On the further line our train was placed and was supposed to occupy infected ground; the middle line was a sort of frontier or neutral demarcation, while the line nearest the station was uninfected ground and we were forbidden to go upon it. Here stood a number of officials to welcome us. From among them stepped forward Colonel Vitalis Bey, who is a representative of Turkey on the International Sanitary Commission of Constantinople and who was one of the supplementary members of the Dresden International Sanitary Conference. By coming over to us Colonel Vitalis condemned himself to undergo quarantine with us. So also did Dr. Hagel, who represents Austria on the International Commission and was delegate at the Venice and the last Paris International Governmental Conferences. The Grand Pasha and Prefect of Constantinople had also sent a special delegate to welcome us and to assure us that, though we should have to bow to the law imposed on all alike and remain in quarantine for the twenty-four hours, everything that could help to ensure our comfort would be done. The quarantine station with its huts and beds was at our disposal and no charge would be made; all fees were to be abolished. The members of the Congress, only half-awake after their third sleepless, comfortless night, dirty with the dust of the journey, and breakfastless, stood on their infected side of the line, scarcely realising what was being said and only vaguely conscious that some sort of ceremony was being performed. However, one or two among us more alive to the situation shouted a few words of thanks and a few appropriate compliments across the neutral space that separated us from the deputation sent to bid us welcome. Now some among us went to the restaurant car to get our first breakfast, and others formed in groups round Colonel Vitalis and Dr. Hagel to hear what explanations these gentlemen could give. While this was proceeding quarantine attendants, who wore yellow bands round their arms, came and placed old empty petroleum tins under the railway carriages to catch the dejecta from the closets; but they were a long time in finding the whereabouts of the soil pipes, and by the time all the tin boxes were placed in proper position a good deal of dirty water and soil had already fallen from the train on to the line. Then, during the course of the day, I noticed that, what with the force of the wind blowing under the railway carriages, the smallness of the tin boxes, and the erratic course followed by the soil falling from the railway closets, a goodly proportion of the dejecta fell on the line and not in the boxes. If we had had cholera in the train the specific germs contained in the dejecta would have infected the railway line. The inhabitants of the neighbourhood were kept away from us. We were surrounded by sentinels who carried ball cartridges. Our isolation seemed to be very perfect; in reality it was a comical farce. If the neighbours were not allowed to mix with us the attendants went to and fro, and the men who handled the tin boxes, and were therefore in direct contact with the most likely mode of infection, did mix with the villagers. But, even supposing that these men were kept in as rigorous quarantine as ourselves, there was no quarantine imposed on the village dogs, who welcomed our arrival, having scented from afar the restaurant car. They belonged to the Constantinople scavenger breed, and they were soon under the train, treading in what might be cholera dejecta; and, after having found food, went and caressed the villagers with their soiled paws. A little later a numerous and stately herd of geese came up to the train, and they also set at defiance all quarantine rules, and carried away on their feet and among their feathers what might have been contaminated soil. After having thus given *libre pratique* to these domestic animals a most ludicrous precaution was taken with regard to some musicians who came and played during the dinner hour. Another empty petroleum tin was produced and placed on the line in front of the musicians. In it there were some water and a drop or two of vinegar, and the money we wished to give to the musicians had to be thrown into the water. But it often happened that the coin was not properly aimed. In that case the musicians had to wait till one of the quarantine guards, with yellow band round the arm, came and picked up the piece of money and solemnly placed it in the tin box, where it was supposed to be disinfected. While the musicians were thus carefully protected a man came right through the line, sat himself on the steps of the railway carriage, and sold figs from a large basket. What figs were not sold he took back to his village. Now, ripe, fresh figs are a moist fruit. They sometimes split open. They are, therefore, a ready medium for conveying dust about. If our train had been infected, dust with germs and microbes could easily have been carried from us to the villagers who would eat the figs that we had not bought. Another inconsistency consisted in the sale from hand to hand of paper and stamps; but when the letters were written a youth came round with a tin box fixed upon a handle, into which we dropped our letters without touching him. From these little but characteristic incidents it will be seen that by keeping the train in quarantine the danger of spreading infection was not prevented; it was, if anything, increased. No quarantine can be severe enough to be really effective.

In the course of the day we visited the quarantine huts. First, and close to the railway line but a little beyond the railway station, there is a hut where the medical examination takes place and the names of the arrivals are inscribed. As they leave this place a functionary works a little hand-pump by which each passenger is sprayed all over with a mercurial solution. The quarantine huts are divided into five groups, so that various batches of passengers can be kept apart. A low stone wall separates the groups of huts one from the other. These huts are built on stone pedestals, and are thus raised about three feet from the ground. As the planks of the walls and floors do not closely join there is ample ventilation between the chinks, and this is both pleasant and healthy in summer, but in winter it will be impossible to keep these huts warm. It is to be hoped that there will be no need to utilise them during the winter season. For closets there are small huts like sentinel boxes. A pail is sunk in the earth, and over this pail a hole in the floor is cut, which serves as a closet. The contents of these pails, as also the contents of the tin boxes placed under the trains, are conveyed to a distant field and buried in the earth. Thus the surface water of the neighbourhood may be contaminated, and all the quarantine precautions rendered futile. Either dejecta contain specific pathogenic germs, and in that case should be absolutely destroyed; or else they are not dangerous, and then there is no reason for enforced detention. But to put suspected dejecta into the earth where they may reach currents of water and be conveyed to great distances, and even enter wells, is altogether illogical. Needless to say that several members of the Congress, disturbed and exhausted by sleepless nights, by the eating of strange food, and by the numerous banquets and festivities of the week, were suffering from indigestion and diarrhœa. In fact, on these occasions a Congress diarrhœa is quite endemic; but how was this to be distinguished from the premonitory diarrhœa of

cholera? If the sufferers were confident that they were only enduring a little merited chastisement for so much high living, how could this be defined as a point of law, so as to justify a quarantine official in allowing such persons to pass through? As a matter of fact, no quarantine official was ever aware that anyone in the party was ailing in any way. A considerable number of the delegates, myself included, preferred the beds in the quarantine huts to the crowded discomfort of the railway carriages. In the hut where I slept there were six members, with six good beds, but we had only one chair between us, a rickety little table, a tin basin, and a tin jug. We, however, all enjoyed good sleep, and there was much laughter over our toilet in the morning, particularly when an irrepressible British her persisted in taking a sponge bath on the wooden floor of the hut. As the boards were badly joined together the water escaped easily. This little event greatly impressed the delegates of other nations as to the earnestness of British convictions in respect to sanitary principles.

Early the following morning we were released from quarantine and started for Constantinople, which town we reached some two hours later. We left at Tchataldja the Orient express, which had arrived some two hours after us, and also two luggage waggons that had greatly excited our curiosity. These waggons were labeled "inflammable," and had evidently contained petroleum, but they were now filled with women. Ultimately we ascertained that the homes of these women had been destroyed by the earthquake and that they were allowed to camp in the railway vans, although these were situated so near to the contaminated or "suspected" trains. At Constantinople the son of the Grand Pacha and several high officials were on the platform of the railway station to welcome us. After a brief speech we were driven to our respective hotels.

In the afternoon the members of the Congress went in a steamer to Scutari and, riding in carriages, visited the Howling Dervishes. The next morning the Galata Tower was ascended, and in the afternoon the members of the Congress went to Selamlik, where special places had been reserved for them, and tea and cigarettes were offered by order of the Sultan. In the evening, and likewise by order of His Majesty the Sultan, the Grand Pacha and Prefect of Constantinople entertained all the members of the Congress at a sumptuous repast. At dessert he pronounced in classical Turkish a speech of welcome, which unfortunately we could not understand. Dr. Chantemesse, on behalf of the French Government, expressed his thanks to His Majesty the Sultan, and Dr. Crocq, on behalf of Belgium, spoke of the Sultan as a sanitary reformer. Dr. L. de Czatary, the leader of the Hungarian delegation, alluded to the efforts made by the Sultan to protect Constantinople from cholera and to the hospitality given to the members of all nationalities and of all religions in the Ottoman Empire. Dr. Overbeck von Meyer and Dr. Ruysch spoke on behalf of Holland, and Mr. Adolphe Smith was appointed to speak on behalf of the British delegation. He explained that in the British Empire, which included many million Mahomedan subjects, we had learnt to appreciate the medical knowledge of the founder of the Mussulman religion. The effects of the hygienic principles taught by the Prophet were to be seen in the vitality and magnificent physique of the Turkish people. In the Turkish hospitals of Constantinople the diseases due to alcoholism were unknown, and those resulting from vice were very rarely seen. As sanitary reformers the British delegates could not but admire the strength, sobriety, and health of the Turkish people. As politicians, they could not forget that their alliance with Turkey had been cemented by the blood of many battlefields. Long might that alliance continue, to the greater glory of the cause of peace, of progress, of science, and of general enlightenment. His Excellency Redvan Pacha, the Prefect of Constantinople, was pleased to express his especial satisfaction at these remarks; and there is no doubt but that very cordial and friendly relations between the British visitors and their Turkish hosts were forthwith established.

The following two days were devoted to more sight-seeing. The principal mosques, palaces, and museums were visited. A whole day was taken up by an excursion to the island of Prinkipo, in the sea of Marmora, followed by a sail up the Bosphorus as far as the Black Sea. There was not a moment to spare. Carriages conveyed the delegates from place to place and dragomen gave the necessary explanations. Thus four days were spent. It should have been five days, but one day was lost in quarantine. And now the remaining members of the Congress separated. The larger half of the delegates went by steamer to Trieste, obtaining a glimpse at Athens on their way. The remainder took the special Congress train back to Budapest. For this purpose they had to leave earlier than the Orient express, but they were to arrive earlier at Budapest—namely, at eleven o'clock at night instead of two o'clock in the morning. For some unexplained reason they were detained on the road, overtaken by the Orient express, and arrived at Budapest, not at eleven o'clock at night, but at six o'clock the following morning. What with this delay, and the other incidents that I have already mentioned, great dissatisfaction was expressed and justly felt. Future Congresses had better deal directly with railway companies instead of entrusting their interests to intermediaries. In every other respect, however, the excursion to Constantinople may be pronounced to have been a very great success. The accommodation in the special train and the management of the train alone were at fault. Nevertheless, I do not believe any member of the excursion regrets that he went to Constantinople, and certainly everyone was very pleased with their experience of the quarantine station. Nothing could have been more interesting to members of a Sanitary Congress.

Medical News.

UNIVERSITY OF CAMBRIDGE: EXAMINATION IN SANITARY SCIENCE.—The following candidates have satisfied the examiners in both parts of the examination:—

John Milford Atkinson, Septimus Bodger, James George Ernest Colby, James Henry Chesshyre Dalton, Alfred Aubrey Fergusson, John Guest Gornall, John Cautley Holderness, Sorabji Kharsedji Nariman, Samuel John Parker, William Ernest Rielly, George Caldwell Stephen, and James McDougall Tudge.

SOCIETY OF APOTHECARIES OF LONDON.—PRIMARY EXAMINATION, PART I.—The following candidates have passed in the following subjects:—

Chemistry.—V. G. S. Adams, Royal Free Hospital; J. G. Gowlland, St. George's Hospital; E. S. Milestone, Royal Free Hospital; T. E. Saxby, Edinburgh; T. W. Wakem, Charing-cross Hospital.

Materia Medica and Pharmacy.—G. W. J. Baker, Birmingham; W. A. Bibby, Manchester; H. S. Doble, Manchester; W. W. Forbes, Aberdeen; E. M. Jennings, Edinburgh; P. C. Maitland, Middlesex Hospital; C. E. Moore, St. Thomas's Hospital; J. F. Porter, London Hospital.

Pharmacy.—S. Mullick, Edinburgh.

Anatomy and Physiology.—P. Bayley, Birmingham; J. B. Cautley, St. Bartholomew's Hospital; H. S. Doble, Manchester; A. W. H. Edgelow, Charing-cross Hospital; J. M. Edwards, Charing-cross Hospital; W. R. Flint, St. Mary's Hospital; E. M. Jennings, Edinburgh; J. G. Owen, Charing-cross Hospital; J. F. Porter, London Hospital; J. H. Powell, King's College Hospital; J. A. Preston, Belfast; H. T. L. Roberts, St. Mary's Hospital; R. C. Rumbelow, Middlesex Hospital; R. J. Stilwell, Westminster Hospital; C. H. St. M. W. Toke, St. George's Hospital; J. H. Wilson, Middlesex Hospital; and C. C. Worts, Guy's Hospital.

Anatomy.—G. F. M. Clarke, Charing-cross Hospital; J. Freeman, Bristol; S. H. Greene, Charing-cross Hospital; O. Hall, Durham; J. R. McKinlay, Westminster Hospital; and H. M. Waller, St. Bartholomew's Hospital.

Physiology.—W. Allen, Birmingham; W. J. Bebb, Charing-cross Hospital; H. Charles, Middlesex Hospital; F. M. Cooper, Royal Free Hospital; E. E. Evans, Royal Free Hospital; F. R. Greenwood, St. Bartholomew's Hospital; H. Greenwood, London Hospital; P. A. Pierre, Westminster; E. A. Quirke, Birmingham; and T. E. Saxby, Edinburgh.

Biology.—V. G. S. Adams, Royal Free Hospital.

ROYAL UNIVERSITY OF IRELAND.—The following candidates have passed the Second Examination in Medicine of the University:—

Upper Pass.—John J. Kinsella, Oliver E. McCutcheon, Robert R. McLean, Alexander Montgomery, Lewis Robinson, George Ross. (All the above candidates may present themselves for the further examination.)

Pass.—Alfred Birmingham, William J. Cousins, T. F. Dillon, R. V. Donnellon, F. E. Dowling, P. J. England, David Finnegan, P. C. Geraghty, John R. Gillespie, Joseph Harvey, B. Healy, T. F. Heas, Moses Henry, George A. Hicks, Andrew Johnston, William G. Jordan, John Keogh, John Lennon, Samuel McCann, John H. McComb, Charles E. McDade, Frederick C. McKee, Thomas McKelvey, Maurice McSherry, James H. Moag, Hiram J. Monypeny, Charles J. Moore, Robinson Officer, P. O. Flaherty, William Porter, James Ritchie, Frances O. Sinclair, John Sloan, Lucy E. Smith, J. H. Stewart, R. W. G. Stewart, and R. B. Threlfall.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS IN IRELAND.—CONJOINT SCHEME.—The following candidates have passed the First Professional Examination:—

W. J. P. Adye-Curran, J. M. Ahern, J. F. Allen, W. R. Blackwell, J. A. Brown, H. S. Davidge, D. A. Faris, J. Gordon, W. Meagher, G. T. O'Kelly, W. Patterson, F. S. Walker.

Anatomy.—J. Cuffe, A. D. Dunwoody, R. K. Galwey, J. M. F. Grose, A. G. Lyndan.
Chemistry and Physics.—M. J. Russell, A. G. Lyndan.
Pharmacy.—J. Cuffe, A. D. Dunwoody.
Biology.—M. J. Russell.

The following candidates have passed the Preliminary Examination :—

A. M. Beamish, A. G. Bennett, W. J. Brady, F. C. Brooks, E. Brown, F. H. Brown, Wm. Brown, C. H. Bryan, J. Burke, W. H. Cargill, L. J. Chadwick, D. Coffey, P. Coffey, J. Costelloe, D. Craig, R. B. Daly, J. Enright, H. B. Evans, D. A. Fitzgerald, F. G. Fitzgerald, T. Flanagan, P. A. Frazer, L. U. Geraty, J. T. Griffin, J. D. Hackett, J. J. Hayden, F. N. Houston, A. H. Jones, C. J. Laven, G. W. Little, T. S. Logan, J. N. B. Martin, H. S. Maxwell, J. L. McCarthy, J. H. McKee, G. V. McNaboe, J. O'Connor, S. V. O'Connor, O. F. M. Ormsby, C. B. Pasley, C. J. Scott, E. L. Sheridan, J. F. Shone, A. H. R. Sproule, G. M. Stirling, E. R. Townsend, R. J. Treacey, H. J. C. Wallace, W. E. Williams, and J. A. Wood.
Physics.—J. A. Brown and W. A. Prendergast.
Arithmetic and Algebra.—J. E. Hannigan.

There will be a Supplemental Examination on Oct. 30th and 31st.

PHARMACEUTICAL SOCIETY OF IRELAND.—The following candidates have passed the Licence Examination :—

R. T. Jennings, J. R. Stevenson, F. T. Parker, G. B. Vance, J. M. Cole, R. Wolfe, and A. H. Oliphant. (Thirteen candidates were rejected.)

CROYDON GENERAL HOSPITAL.—The committee of this hospital announce that the new wing, built in accordance with plans and specifications approved at the last annual general meeting, is now completed, and that the president, his Grace the Archbishop of Canterbury, has consented to perform the opening ceremony, which will take place to-day (Saturday) at three o'clock.

THE EASTERN COUNTIES' ASYLUM FOR IDIOTS.—Sir Savile B. Crossley has purchased from the Salvation Army the house called "Oceanville" at Clacton-on-Sea and has presented it to the Eastern Counties' Asylum, Colchester, for use as a seaside home. The house, for which Sir Savile Crossley is stated to have given £3000, is well suited for its new purpose, for it has an excellent sea view, and stands in commodious private grounds. "Oceanville" was at one time the residence, and we believe the last residence, of Mrs. Booth. We are informed by the secretary of the asylum that Mr. A. M. White, the honorary solicitor to the institution, generously made the conveyance of the property without charge.

THE LONDON POST-GRADUATE COURSE.—We are informed by the honorary secretary that all classes for the winter term have received a most satisfactory amount of entries, and that the lectures will be delivered in accordance with the circulars previously issued and the announcements from time to time in our "Diary of the Week." The vacation course in bacteriology terminated on Friday, Oct. 5th. This course was held in the Bacteriological Laboratory of King's College, and among the entries there were qualified medical practitioners from the United States, Canada, New Zealand, and France. At the conclusion of the lectures and course of practical instruction Dr. Campbell of Wiltshire proposed a hearty vote of thanks to the Director of the Laboratory, Professor Crookshank, and to his able demonstrator, Dr. Hewlett, for the efforts they had both made to render the course so instructive and useful, especially to general practitioners. This was very cordially seconded by Dr. Mackie, ex-President of the Medical Society of New Zealand, and was carried with acclamation.

SOCIETY FOR THE STUDY OF INEBRIETY.—A quarterly meeting of the Society for the Study of Inebriety was held in the rooms of the Medical Society of London on the 4th inst. The President, Dr. Norman Kerr, who occupied the chair, referred to the loss by death of Lord Denman, to whom he paid a high tribute as one of the original members, who had frequently taken part in the meetings and had always at heart the true welfare of the inebriate. Dr. Thomas Morton read a paper on the Problem of Heredity with reference to Inebriety, the purpose of which was to suggest the sifting and arrangement of existing evidence, with constant reference to standards of comparison furnished by non-alcoholised families and to the important distinction between general degeneracy and the special inebriate constitution. Especially were further observations needed of cases of precocious inebriety. All this should be gone into with reference to Weissman's theory of the non-transmission of acquired qualities. He believed the result would be to establish the doctrine of inebriate heredity on a firmer basis, and compel the attention of thinking men to it. A discussion followed in which Drs. Henry Rayner, A. M. Holmes (Denver, Colorado), and Hazell and the President took part.

THE Mayoress of Portsmouth laid the foundation stone of the new wards at the Portsmouth Hospital for Fever and Infectious Diseases on the 25th ult., in the presence of a large and representative gathering. The new wards are to be constructed so that four distinct epidemics can be treated simultaneously, four separate isolation rooms being provided.

THE PAY SYSTEM AT THE GREAT NORTHERN CENTRAL HOSPITAL.—Very strong objections are being expressed amongst members of the profession in the north of London against the proposal to admit patients on payment to the Great Northern Central Hospital, and exception is especially taken to the action of the staff in undertaking the charge of such patients gratuitously. A petition is in course of signature, to be presented to the House Committee. It is surprising that such a grave change has been made without a meeting of the subscribers to the hospital having been held.

POPLAR AND STEPNEY SICK ASYLUM DISTRICT.—We have received a copy of an abstract of the accounts and statistics of this asylum for the year ending Lady Day, 1894. The asylum is certified to accommodate 506 patients. The highest number in the asylum at any one time during the half-year ending Lady Day, 1894, was 659 (Feb. 20th, 1894), and the lowest 586 (Oct. 29th, 1893), which figures speak for themselves as to the steady utility of the work. The average number of days of residence of each patient was a fraction over forty-two, and the cost of maintenance—which term includes warming and lighting as well as food—a fraction under six shillings per head per week.

PLYMOUTH MEDICAL SOCIETY.—The opening meeting of the winter session 1894 95 was held on Wednesday, Oct. 3rd, in the library, Dr. T. Pearse in the chair. The hon. sec. reported a membership of forty-six. Mr. Lucy showed for Mr. Whipple a woman aged twenty-two, whose right knee joint was excised two months and a half ago for tuberculous disease. Mr. Lucy also exhibited for Mr. Woollcombe a similar case in a boy aged six. Mr. Lewis showed for Mr. Woollcombe a traction-engine driver, aged thirty-eight, who sustained fracture of both bones of the right forearm a year ago, non-union resulting; the ends were refreshed in April last and finally wired by Mr. Woollcombe, and a useful arm was obtained. Mr. Lewis demonstrated for Mr. Swain a case of excised elbow-joint and showed a pyosalpynx removed by Mr. Swain from a single woman aged thirty, and a hydro-salpynx of the other tube. Mr. Lucy showed a small sublingual dermoid cyst excised from a girl aged six, and the necrosed left half of the lower jaw of another child.

THE DUKE AND DUCHESS OF YORK AND THE YORKSHIRE MEDICAL SCHOOL.—The new buildings of the Medical Department of the Yorkshire College, Leeds, which have been erected at a cost of £100,000, were opened on Friday, Oct. 5th by his Highness the Duke of York, who was accompanied by the Duchess. Upon the arrival of the Royal party at the town hall their Highnesses received an address from the city corporation. In his reply the Duke of York said that, in accepting their invitation to visit the city, he was following the example of the Queen and the Prince and Princess of Wales, who had shown their interest in the city by opening the town hall, the infirmary, and the lecture-rooms and laboratory of the Yorkshire College. Their Highnesses then proceeded to the College, where they were presented with an address on behalf of the College authorities. Replying to this testimony of welcome, the Duke of York expressed the pleasure he felt at continuing the work of his father and mother by opening fresh additions to the College—additions so much needed. He was glad to learn that the affiliation of the Yorkshire College with the Victoria University had been of great service to the students, who had now an opportunity of continuing their studies in those higher branches of learning which were afforded by a university course. Referring to the new building, he said the medical school was intended to be in close touch with the infirmary opened by his father in 1868. Whilst the infirmary would offer the students a practical training, the medical school would in return be able to render the infirmary valuable assistance, and so help the noble charity. He congratulated the authorities on the completion of the building, and on behalf of the Duchess and himself prayed that their efforts with respect to education might be crowned with success. His Highness then formally declared the building open.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST.—Messrs. Thomas de la Rue and Co. have forwarded 50 guineas towards the £2000 urgently required by this hospital.

PORTABLE HOSPITALS.—Messrs. Humphreys, Limited, have been awarded, at the Exposition Internationale d'Hygiène Urbaine et Maritime et d'Hydrotherapie, recently held at Boulogne-sur-Mer, a diploma and gold medal for the excellence of their portable hospitals.

FOOTBALL CASUALTIES.—On Saturday, Oct. 6th, in a match between the Blackburn Rovers and Preston North End, played at Blackburn, two opposing players came into collision, one of whom, belonging to the North End team, fell and broke his arm.—On the same evening, at Belfast, a football player fell and sustained a "contusion" of the left elbow. The exact nature of the accident in this case does not appear, but it necessitated detention in the hospital.

SCHOLARSHIPS AT THE LONDON MEDICAL SCHOOLS.—At St. Bartholomew's Hospital and College the open scholarships have been awarded as follows:—Senior Open Scholarship in Chemistry and Physics, value £75—Arthur L. Ormerod, B.A., New College, Oxford. Senior Open Scholarship in Biology and Physiology, value £75—W. Langdon Brown, B.A., St. John's College, Cambridge. Junior Open Scholarship in Biology, Chemistry, and Physics, value £150—F. C. Borrow and S. R. Scott, *æquales*. Preliminary Scientific Exhibition in Biology, Chemistry, and Physics, value £50—L. A. Walker. Jeaffreson Exhibition in Classics and Mathematics, value £20—C. Ridout.—The recent examinations for entrance scholarships at the London Hospital Medical College have resulted as follows:—First prize—Scholarship in Science, £120, Mr. W. R. Dunstan; second prize—Scholarship in Human Anatomy and Physiology (open to students of Oxford and Cambridge Universities only), value £60, Mr. H. W. L. Barlow; Entrance Scholarship in Science, value £60, Mr. H. D. Pollard; Entrance Scholarship in Science, value £35, Mr. R. Howard. The first scholarship of £150 at Guy's Hospital has been awarded to Thomas Francis Rutter, B.Sc; the second scholarship, value £60, to John Thomas Dunston. The First Arts Scholarship of £100 has been awarded to Arthur Pearson; the Second Scholarship of £50 to George William Hare; and the Dental Scholarship of £30 to Guy Chatterton. St. Mary's Hospital.—The following are the names of the successful competitors for the Entrance Scholarships:—Natural Science Scholarships: J. J. Pierce, £105; C. W. Buckley, £52 10*s*.; W. A. Trumper, £52 10*s*.; and H. J. Van Praagh, £26 5*s*. University Scholarships: A. A. Bathe, £52 10*s*., and A. Graham Butler, £52 10*s*.

THE THIRTY-FOURTH CHURCH CONGRESS.—The opening of the Church Congress has been preceded by a number of meetings intimately associated with the work of Church reform. On Monday, Oct. 8th, the Church Sanitary Association, under the presidency of Mr. E. J. Domville, M.R.C.S., L.R.C.P., the mayor of Exeter, held a meeting at which the relation of the Church to sanitary work was discussed. Dr. Tempest Anderson read a paper on Wholesome Suburbs. On the same day a meeting was held to consider the subject of Kindness to Animals, in which an attempt to drag in the question of Vivisection was frustrated by the mayor. Dr. J. Woodman presided over the meeting of the Church Funeral Reform Association. The actual opening of the Church Congress took place at Exeter on the following day, Oct. 9th, when Mr. E. J. Domville, the mayor of the city, who had on the previous day occupied the chair at the meeting of the Church Sanitary Association, welcomed the members of the Congress at the Guildhall. The opening service was held in the cathedral, and the Bishop of Exeter, in the Victoria Hall, delivered an inaugural address, the keynote of which was "Reform." The mayor presided over the Section of Temperance Work and Legislation at the evening meeting, when Sir Benjamin Ward Richardson, F.R.S., discussed the present position of the temperance question with regard to the public generally. He believed that of late years a great change had taken place in the public mind with regard to the question, and stated that in one London hospital, where within a few years the average expenditure per patient for alcohol had been £3 9*s*., the average per head had now fallen to 9*s*. If people were properly educated as to the technical action of spirits there would be no hesitation amongst them as to their conduct, and alcohol would, by universal consent, be discarded. On Wednesday papers on the Care and Housing of the Poor were read.

CAXTON CONVALESCENT HOME.—On Saturday last the Lord Mayor, who was accompanied by the Lady Mayoress, laid the foundation-stone of the Caxton Convalescent Home for members of the printing and allied trades at Limpsfield, Surrey. In his speech the Lord Mayor wished the home a prosperous future, a wish in which we, and all who know anything of the class for whose benefit the institution has been designed, heartily join. The building, which will probably cost £7000 or £8000, is the gift of Mr. Passmore Edwards.

THE SANITARY INSTITUTE.—The eighteenth London course of lectures for sanitary officers in connexion with the Sanitary Institute, Parkes Museum, Regent-street, W., will commence on Wednesday next, Oct. 17th, with a lecture on Elementary Physics. The lectures will be continued till Dec. 3rd on successive Monday, Wednesday, and Friday evenings at 8 P.M., among the more prominent lecturers being Mr. S. Rideal, D.Sc., F.I.C., F.C.S., Sir Douglas Galton, K.C.B., Prof. W. H. Corfield, Mr. Winter Blyth, Dr. Edward C. Seaton, Dr. J. F. J. Sykes, Dr. Arthur Newsholme, Dr. Bostock Hill, and Dr. Louis Parkes.

THE MEDICAL DEFENCE UNION.—In accordance with the arrangements made by the council to ensure convenient discussion by all the members in the matter of Bloxam *v.* Collie, and the general questions involved therein, special general meetings of the members were held as follows, the President, Mr. Victor Horsley, F.R.S., and the hon. secretaries, Drs. Bateman and Masters, attending each meeting. On Thursday, Oct. 4th, Victoria Hotel, Manchester, at 8 P.M.; Oct. 5th, University College, Bristol; and Oct. 6th, Medical Institute, Birmingham. At each meeting the report of the council on the whole question was read and discussion invited. Both at Manchester and Bristol the resolution expressing confidence in and commendation of the council, carried at the London meeting of Oct. 3rd, was put and carried unanimously. At the meeting at Birmingham a similar resolution, which ran as follows, was carried unanimously: "That, having heard the statement of the council respecting the case of Bloxam *v.* Collie, this meeting records its unabated confidence in the council of the Union." As a result of the discussion on the general question, it was agreed that the ordinary procedure of the council—viz., that arbitration should be suggested before going into court in cases in which a member of the Union is attacked by another medical man—was the best and in thorough accord with the objects and articles of association of the Union.

MIDWIVES' REGISTRATION ASSOCIATION.—The report of the executive committee of this association for 1893-94 shows that the association, which a year ago consisted of 53 members, now numbers 339, and includes practitioners residing in all parts of the country, and engaged in every sphere of practice. Since the first general meeting of the society, held on July 3rd, 1893, Drs. Cullingworth, E. S. Tait, and Schacht, and Messrs. E. Tenison Collins and Case have been appointed additional members of the committee. Schedules have been circulated for the purpose of obtaining precise information on the training and practice of midwives in different parts of the country. A considerable number of these have been filled in and returned, and it is hoped that more returns will shortly be received. Circulars have also been issued stating the special objects of the association, giving reprints of the reports of the Select Committees on the Registration of Midwives, and other official statements on this subject. When the inaugural meeting of the association was held the Select Committee of the House of Commons on the Registration of Midwives were sitting. They issued their report in August last, recommending the establishment of a system of examination and registration of midwives. They referred to the fears expressed by some of the medical witnesses that their interests would be imperilled, and felt justified in forming the opinion that "the suggested injury is not likely to prove serious, and that medical men will not only be relieved of much irksome and ill-paid work, but also that improved knowledge on the part of midwives will induce them to avail themselves more frequently, and at an earlier stage than at present, of skilled medical assistance in time of emergency and danger." The executive committee of the Midwives' Registration Association at once proceeded to draw up a draft scheme, which, before being made public, was submitted to a special general meeting of the association, and, with some slight amendments, adopted.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week, for publication in the next number.*

ALLAN, A. P., has been appointed Assistant House Physician at Guy's Hospital.

ALLEN, R. R., F.R.C.S.Irel., L.R.C.P.Edin., has been appointed Medical Officer of the Workhouse, Dartford Union.

BEAUMONT, J. C. H., L.R.C.P., L.R.C.S.Edin., has been appointed Medical Officer of the Infirmary and the Workhouse, Lewisham Union.

BEDDOE, D. M., M.R.C.S., L.R.C.P., has been appointed Assistant House Surgeon at Guy's Hospital.

BELSON, G. DE VEULLE, M.A.Oxon., L.R.C.P., M.R.S.C., has been appointed Medical Officer and Public Vaccinator of the Bampton Division of the Tiverton Union. He has also been appointed Medical Officer and Public Vaccinator to the Morebath Division of the Dulverton Union.

BLISS, E. W., M.R.C.S., L.R.C.P., has been appointed Assistant Medical Officer of the Infirmary, parish of St. Marylebone.

BUCKLEY, J. R., M.B. Lond., M.R.C.S., L.R.C.P., has been appointed House Surgeon to the Clinical Hospital for Women and Children, Manchester.

BUSFIELD, J., M.R.C.S., L.R.C.P., F.I.C., has been elected a Medical Officer to Clapham General Dispensary, vice C. D. Greenwood, resigned.

COLLIER, H., M.D. Brux., M.R.C.S., L.S.A., &c., has been appointed Medical Officer of the Workhouse, Great Yarmouth Union.

COPE, ALBERT E., M.B. Lond., M.D. Durh., Bac. Surg., has been appointed Medical Officer of the Third District, St. George's Union, vice John Hunt, deceased.

CRUTCHLEY, HENRY, M.D. Brux., L.R.C.P. Lond., L.F.P.S. Glasg., has been appointed Medical Officer of Health of the Alsager Urban Sanitary District. (New appointment.)

DIXON, JAMES L. B., M.B., Ch.B., has been appointed Assistant Medical Officer to the Crumpsall Workhouse and also to the Workhouse Receiving and Casual Wards, New Bridge-street, Manchester.

DUFFETT, H. A., has been appointed House Physician at Guy's Hospital.

DUKES, T. A., M.B. Lond., M.R.C.S., L.R.C.P., has been appointed Medical Officer of the Third District, Croydon Union.

FAGGE, R. H., has been appointed House Surgeon at Guy's Hospital.

FLEMING, A. J., M.D., M.S. Q.U.I., L.R.C.S. Irel., has been appointed Medical Officer of the Church Stretton Union Workhouse.

GODSON, J. H., M.B., Bac. Surg., has been appointed Medical Officer of Health of the Cheadle and Gatley Urban Sanitary District, vice A. Godson, resigned.

HARDENBERG, E. F. H., has been appointed House Surgeon at Guy's Hospital.

MCLENNAN, QUINTIN, M.B., M.S. Edin., Extra-Honorary Surgeon Royal Hospital for Sick Children, Glasgow, has been appointed one of the Surgeons-in-Chief in the Glasgow Royal Infirmary.

PARRY, L. A., has been appointed Assistant House Physician at Guy's Hospital.

PENDRED, V., M.R.C.S., L.R.C.P., has been appointed Assistant House Surgeon at Guy's Hospital.

POWERS, C. H., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Medical Officer of Health for the District of the Holme Cultram Urban Sanitary Authority, subject to the approval of the Local Government Board.

PROBYN, PERCY J., M.R.C.S., L.R.C.P., has been appointed Assistant Medical Officer of the Workhouse and Infirmary of the Parish of St. Leonard, Shoreditch, vice F. L. P. Sawell.

PROCTER, J., has been appointed Medical Officer of the Effingham District, Dorking Union.

SHAW, R. F., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., has been appointed Medical Officer of Health of the Whitley Upper Urban Sanitary District, vice C. J. Lowndes.

SHILLITO, W. A., M.R.C.S., L.S.A., has been appointed Medical Officer of the Sixteenth District, North Bierley Union.

SIBLEY, W. KNOWSLEY, M.A., M.D., B.Ch., M.R.C.P., has been appointed Clinical Assistant at the Chelsea Hospital for Women.

STEWART, H. M., has been appointed House Physician at Guy's Hospital.

STUART, C., M.B., M.S., L.R.C.P., L.R.C.S. Edin., has been appointed Medical Officer of the Tenth District, North Bierley Union.

WALKER, A. F., has been appointed Senior Assistant Medical Officer at the Infirmary, township of Tooting-park.

WILLIAMS, EDWARD C., M.B., Bac. Surg., has been appointed Medical Officer of Health of the Presteign Urban Sanitary District, vice J. M. Balfour, deceased.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement (see Index).

ANCOATS HOSPITAL, Manchester.—Resident Senior House Surgeon. Salary £80, with board and washing.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Acting Surgeon.

CARNARVONSHIRE AND ANGLESEY INFIRMARY AND DISPENSARY, Bangor.—House Surgeon. Salary £70 per annum, with board and lodging in the house.

CROYDON BOROUGH ISOLATION HOSPITAL FOR INFECTIOUS DISEASES.—Resident Medical Officer. Salary £120 per annum, with board and lodging, increasing by £20 at the end of the first year.

GREAT NORTHERN HOSPITAL, Holloway-road, N.—House Physician. Salary £60 per annum, with board, lodging, and laundry in the hospital.

GUEST HOSPITAL, Dudley.—Assistant House Surgeon. Appointment for six months. No salary, but board, lodging, and washing in the hospital.

HALIFAX INFIRMARY.—House Surgeon. Salary £60 per annum, advancing £10 per year up to £100, with residence, board, and washing.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—House Physicians.

HOSPITAL FOR SICK CHILDREN, Great Ormond-street, W.C.—Surgical Registrar and Anæsthetist. The appointment is made for one year, an honorarium of £40 being voted at the expiration of that term.

HOSPITAL FOR WOMEN, Soho-square, W.—Clinical Assistants. Open to gentlemen in practice and students after their fourth year.

LONDON LOCK HOSPITAL, Harrow-road, W.—House Surgeon to the Female Hospital. Salary £50 per annum, with board, lodging, and washing.

MASON COLLEGE, Birmingham.—Professorship of Midwifery.

NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.—Assistant Physician.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House Surgeon for six months. Rooms, commons, and washing provided in the hospital.

ROYAL HOSPITAL FOR SICK CHILDREN, Glasgow (Dispensary).—Extra Honorary Surgeon.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City-road, E.C.—Assistant Physician.

ROYAL ISLE OF WIGHT INFIRMARY, Ryde.—House Surgeon and Secretary. Salary £60 per annum, with board, lodging, &c.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William-street, West Strand, W.C.—Two Assistant Surgeons.

SMEDLEY'S HYDROPATHIC ESTABLISHMENT, Matlock.—House Physician. The appointment is for six months. Honorarium of £40, with board, lodging, &c.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.—Assistant House Surgeon. Board and residence provided in the hospital.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House Surgeon. Board, lodging, washing, &c., provided.

STIRLING DISTRICT ASYLUM, Larbert.—Second Assistant Medical Officer. Salary £80, with board and lodging.

STOCKPORT INFIRMARY.—Junior Assistant House Surgeon for six months. Board and residence provided, and an honorarium of £10 will be given after six months' satisfactory service.

STOURBRIDGE DISPENSARY.—House Surgeon and Secretary. Salary £120 a year, with furnished rooms, coal and gas, with an extra allowance of £25 for travelling expenses.

UNIVERSITY COLLEGE, London.—Surgical Registrar.

WEST RIDING ASYLUM, Wakefield.—Two Resident Clinical Assistants for six months. Board and furnished apartments provided.

Births, Marriages, and Deaths.

BIRTHS.

BARTON.—On Oct. 1st, at Gonville House, Beckenham, Kent, the wife of F. Alcsr. Barton, L.R.C.P. Lond., M.R.C.S. Eng., of a son.

COBBOLD.—On Oct. 5th, at The Elms, Bathea-ton, Bath, the wife of C. Spencer Cobbold, M.D., F.R.C.P. Edin., of a daughter.

INGRAM-JOHNSON.—On Oct. 3rd, at South Moor, Chester-le-Street, the wife of R. E. Ingram-Johnson, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., L.S.A. Lond., of a son.

KEMP.—On Oct. 9th, at Worksop, Notts, the wife of G. Lajus Kemp, M.B. Lond., of a daughter.

LYS.—On Oct. 1st, at Bournemouth, the wife of Henry Grabham Lys, M.D., of a son.

PARSONS.—On Oct. 8th, at The Rowans, Lingfield-road, Wimbledon, the wife of F. W. Parsons, L.R.C.P. Lond., of a son.

PENNELL.—On Oct. 4th, at Lomas di Zamora, Buenos Ayres, the wife of G. H. Pennell, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

SAMMAN.—On Oct. 5th, at 90, South Circular-road, Portobello, Dublin, the wife of Surgeon-Lieutenant Samman, Army Medical Staff, of a daughter. American papers, please copy.

STOKES.—On Oct. 6th, at Barcelona, Sandown, Isle of Wight, the wife of Surgeon-Lieutenant-Colonel A. H. Stokes, of a daughter.

MARRIAGES.

CHILCOTT—BROOKES.—On Oct. 6th, at St. Luke's Church, Nightingale-lane, S.W., Arthur E. Chilcott, Medical Superintendent of the Highgate Infirmary, to Isabel Mary, only daughter of Clifford J. Brookes, J.P., of Glenbrook, Nightingale-lane, S.W.

DUNCAN—HOCHEE.—On Oct. 3rd, at Holy Trinity Church, East Finchley, Percy James Duncan, M.D., of Bournemouth, to Alice Marie Emma, third daughter of James Hochee, M.R.C.S., of Parkgate, East Finchley, N.

KIRTON—WOAKES.—On Oct. 6th, at St. Marylebone Parish Church, Charles Imray Kirton, M.B. Lond., to Lilian, only daughter of Edward Woakes, M.D., of Harley-street, London.

DEATHS.

BUNCH.—On Oct. 5th, at Gordon-place, W.C., of diphtheria, Frank Vigers Bunch, M.R.C.S., second son of J. J. Bunch, aged 25.

GOBAT.—On Oct. 1st, at Overton Lodge, Ruabon, James Timotheus Gobat, L.R.C.P. Edin., M.R.C.S. Eng., second son of the late Anglican Bishop in Jerusalem, aged 48.

PRITCHETT.—On Sept. 29th, at Lawnside, West Town, Somerset, Henry Pritchett, M.R.C.S., formerly of Rastrick, Yorks, aged 62.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

OPERATIONS.

METROPOLITAN HOSPITALS.

MONDAY.—London (2 P.M.), St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), St. George's (1 P.M.), St. Mark's (2 P.M.), Chelsea (2 P.M.), Samaritan (Gynecological, by Physicians, 2 P.M.), Soho-square (2 P.M.), Royal Orthopædic (2 P.M.).

TUESDAY.—London (2 P.M.), St. Bartholomew's (1.30 P.M.), Guy's (1.30 P.M.), St. Thomas's (3.30 P.M.), Westminster (2 P.M.), West London (2.30 P.M.), University College (2 P.M.), St. George's (1 P.M.), St. Mary's (1.30 P.M.), St. Mark's (2.30 P.M.), Cancer (2 P.M.).

WEDNESDAY.—St. Bartholomew's (1.30 P.M.), University College (2 P.M.), Royal Free (2 P.M.), Middlesex (1.30 P.M.), Charing-cross (3 P.M.), St. Thomas's (2 P.M.), London (2 P.M.), Gt. Northern Central (2.30 P.M.), King's College (2 P.M.), National Orthopædic (10 A.M.), St. Peter's (2 P.M.), Samaritan (2.30 P.M.), Gt. Ormond-street (9.30 A.M.).

THURSDAY.—St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), University College (2 P.M.), Charing-cross (3 P.M.), St. George's (1 P.M.), London (2 P.M.), King's College (2 P.M.), Middlesex (2 P.M.), Chelsea (2 P.M.), Soho-square (2 P.M.), North West London (2 P.M.).

FRIDAY.—London (2 P.M.), St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), Guy's (1.30 P.M.), Charing-cross (3 P.M.), St. George's (1 P.M.), King's College (2 P.M.), Cancer (2 P.M.).

SATURDAY.—Royal Free (9 A.M. and 2 P.M.), Middlesex (1.30 P.M.), St. Thomas's (2 P.M.), London (2 P.M.), University College (9.15 A.M.), Charing-cross (3 P.M.), St. George's (1 P.M.), Cancer (2 P.M.).

At the Royal Eye Hospital (2 P.M.), the Royal London Ophthalmic (10 A.M.), the Royal Westminster Ophthalmic (1.30 P.M.), and the Central London Ophthalmic Hospitals operations are performed daily.

SOCIETIES.

TUESDAY.—PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Dr. J. E. Squire: Mediastinal Tumour invading the Lung.—Mr. Stephen Paget: (1) Strangulated Ventral Hernia; (2) Recto-vesical Fistula (Tuberculosis).—Dr. H. D. Rolleston: Tumour of the Suprarenal.—Mr. J. H. Targett: Polypoid Tumour of the Œsophagus.—Dr. Jackson Clarke: Sporozoa of Variola and Vaccinia.—Mr. Herbert Snow: Myeloid Corpuscles in some Rare Specimens of Cancerous Disease. Card Specimen:—Dr. H. D. Rolleston: Traction Diverticulum of the Œsophagus.

THURSDAY.—HARVEIAN SOCIETY (Stafford Rooms, Tichborne-street, Edgware-road).—8.30 P.M. Clinical Evening.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Living and Card Specimens at 8 P.M.:—Messrs. Hartridge and Griffith: Microscopical Specimens of a case of Tuberculous Keratitis which was shown as a living specimen at a previous meeting. Papers:—Dr. Argyll Robertson: Notes of a case of Filaria Loa in which the Parasite was Removed from under the Conjunctiva. And other papers.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY (Great Northern Central Hospital, Holloway-road, N.).—9 P.M. Dr. G. Sims Woodhead: The Methods of Invasion of Tuberculosis (illustrated by the Lantern).

LECTURES, ADDRESSES, DEMONSTRATIONS, &c.

MONDAY.—LONDON POST-GRADUATE COURSE.—Royal London Ophthalmic Hospital, Moorfields, 1 P.M., Mr. W. Lang: Conjunctival Affections.—London Throat Hospital, Gt. Portland-st., W., 8 P.M., Dr. E. Law: Examination of Throat and Nose.—Bacteriological Laboratory, King's College, 3 to 5 P.M., Prof. Crookshank and Dr. Hewlett: Examination of Air, Soil, and Water.

TUESDAY.—LONDON POST-GRADUATE COURSE.—Bethlem Hospital, 2 P.M., Dr. Craig: Acute Delirium; Hysterical Mania.

WEDNESDAY.—LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton, 4 P.M., Dr. Habershon: The Gastric Disorders of Phthisis.—Royal London Ophthalmic Hospital, Moorfields, 8 P.M., Mr. A. S. Morton: Retinal Affections.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3 P.M. Lecture by Dr. Beevor.

WEST LONDON HOSPITAL (Hammersmith-road, W.).—5 P.M. Mr. Keetley: Diseases of Joints due to Osteomyelitis compared with those due to Tubercle. (Post-graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester-square, W.C.).—Dr. Morgan Dockrell: Syphilis.

THURSDAY.—LONDON POST-GRADUATE COURSE.—Hospital for Sick Children, Gt. Ormond-st., 3.30 P.M., Mr. W. Arbuthnot Lane: Clinical Surgical Lecture.—National Hospital for the Paralysed, Bloomsbury, 2 P.M., Dr. Tooth: Paraplegia.—Central London Sick Asylum, Cleveland-street, W., 5.30 P.M. Mr. Thomas Bryant: Cases in the Wards.

CHARING-CROSS HOSPITAL.—4 P.M. Mr. Boyd: Surgical Cases. (Post-graduate Course.)

FRIDAY.—LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton, 4 P.M., Dr. H. Mackenzie: Pulmonary Cavities.

SATURDAY.—LONDON POST-GRADUATE COURSE.—Bethlem Hospital, 11 A.M., Dr. Percy Smith: Acute Mania.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester-square, W.C.).—Dr. Morgan Dockrell: Eczema.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, Oct. 11th, 1894.

Date.		Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Oct.	5	30·02	S.E.	55	53	73	60	53	0·02	Showery
,,	6	29·93	N.E.	54	53	70	59	52	0·21	Showery
,,	7	29·99	E.	55	54	67	59	53	0·02	Cloudy
,,	8	30·16	E.	50	50	58	57	49	...	Foggy
,,	9	30·16	E.	50	50	55	55	50	...	Foggy
,,	10	30·17	W.	56	54	66	61	50	0·06	Raining
,,	11	30·20	N.W.	60	59	67	61	55	0·38	Overcast

Notes, Short Comments & Answers to Correspondents.

EDITORIAL NOTICE.

IT is most important that communications relating to the Editorial business of THE LANCET should be addressed *exclusively* "TO THE EDITORS," and not in any case to any gentleman who may be supposed to be connected with the Editorial staff. It is urgently necessary that attention be given to this notice.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale and advertising departments of THE LANCET *should be addressed "To the Manager."*

We cannot undertake to return MSS. not used.

MANAGER'S NOTICE.

UNDER no circumstances do the Proprietors authorise the insertion of loose advertisement circulars and handbills in THE LANCET. Any such announcements are inserted by the newsagents, whom the Proprietors cannot control. At the same time, the Manager will be glad if readers will send him copies of any circulars, with the name and address of the agent through whom they obtain THE LANCET, and the Manager will then endeavour to mitigate the nuisance.

THE APHRODISIAC EFFECT OF MORPHINE ON THE FOWL.

To the Editors of THE LANCET.

SIRS,—I hoped to have seen some explanation why morphine is non-poisonous to fowls. A day or two after my letter appeared in THE LANCET of Sept. 22nd I was informed by a credible eye-witness of the manner in which a cock bird deported himself. Some sixteen hours after he had taken about one scruple of the morphine (he having devoured one-third of the sop) he became highly aphrodisiac; his attention to the hens was so excessive that they became frightened and huddled themselves together, apparently to resist his further advances. On being isolated he perched himself upon a large stone, which he did not leave until he had rubbed off every feather from the inside of his thighs. It appears to me remarkable that morphine, so many hours after having been taken, should have produced such an effect upon this gallus domesticus. We know that the primary effect of opium on some of the mammalia is in some degree aphrodisiac, probably owing to the combination of its alkaloids. I question whether morphine alone would produce a similar effect.

I am, Sirs, yours truly,

Oct. 5th, 1894. E. W.

HOLIDAY AMENITIES.

Amicus.—Not least among the trials of the post-holiday days is to find that there has been anything like a flaw in the behaviour of patients or of one's brethren in one's absence. In those circumstances one should not hastily assume that there has been anything ungenerous or unbrotherly in the action of a professional neighbour. After reading the correspondence sent to us we have come to the conclusion that there is nothing that should leave a trace of misunderstanding between our correspondent and Practitioner A. Practitioner B. would have done well, instead of writing to, to have seen A., who, we believe, had no intention of acting ungenerously or unprofessionally. The best letters are not so good as a friendly talk over such matters, which should always begin with the assumption that our neighbour means only to do what is kind. Practitioner B. seems too quickly to have charged A. with having acted in an unprofessional and unfriendly way. A.'s explanations are quite consistent with an honourable view of the facts, though it would have been better had he asked the husband in the case of Alpha to have explained the facts to B. It is a most essential thing to remember that A. himself had previously attended Alpha. It is scarcely fair to hold any medical practitioner responsible for vacillation and variableness in the choice of patients. In the case of Beta we see no reason to question A.'s account of the facts or to doubt his good feelings. In all this we wish to emphasise the principle that, in holiday times especially, everything should be done to respect the interests of an absent brother. Where there is a disposition on the part of a patient to transfer professional confidence it should be resisted by the practitioner favoured. Nothing cements more the good fellowship of the profession, with all its abundant good fruits, than such acts of grace.

Mr. Thos. F. Tracey, Ph.D.—We cannot enter into any discussion upon the matter. Our correspondent brings forward no new points calling for a further expression of opinion.

Mr. L. Johnson.—The terms are not perfectly clear. Contagious certainly, and infectious probably.

"AN INQUIRY."

To the Editors of THE LANCET.

SIRS,—I have noticed with interest the correspondence under the above heading which has appeared in each issue of THE LANCET since Sept. 15th. Now, I happen to have as large a number of the class of patients referred to in my practice as most of my professional brethren in this country, and therefore I trust you will permit me to say a few words on what I consider to be a very important matter indeed.

One of your correspondents, who uses the *nom de plume* of "Necessitas," has ventured, in reply to "Veritas," to state that 2*s.* or 2*s.* 6*d.* is the "usual charge" for a professional visit to "small farmers" &c., and, further, that this 2*s.* or 2*s.* 6*d.* includes whatever medicine may be required; and says, moreover, that he "does not think there is much use in charging mileage." He argues, in support of these statements, that people of this class earn 12*s.* or 14*s.* weekly, and "simply" asks, "What is it reasonable to expect" from them? He does "not care at all" to go into the calculation of "time expended, professional services, horseflesh &c." To me the wonder is how "Necessitas" can find it in his heart to charge these patients anything (and especially those living four or five miles from his home). I would suggest that he turn his attention to the hard-working members of his own profession, many of whom find (unlike "Necessitas") that they are bound to consider their time, services, horseflesh &c., and think what a gross injustice he is doing them. If one excessively charitably minded man finds himself in a position financially to "not care at all" for the value of his time, services &c., and if he must bestow his charity in this unfair and unjust direction, I say, let him at least do so privately on his own account as far as possible, and not seek to lead the younger members of our profession and all such as "Veritas" into a line of practice very far from what is right and reasonable, and which has for its end the degradation of a noble calling. That a man should earn only 12*s.* or 14*s.* a week is right enough if he can do no better, and if he has to "support a family on that" so much the more unfortunate is he; but so long as our Government provides medical services, medicines &c. free to all who are unable to pay the fees of a private practitioner surely there is no need to consider such patients at all as so miserable as "Necessitas" would have us believe. Let a man earn 12*s.* or 14*s.* a week honestly, and nobody will even think of questioning that man's sanity; but if in order to do so a man will spend his time and money and work hard for four or five years in getting through a difficult medical curriculum we must admit, I think, that there is something wrong somewhere. Now, as I have already said, I have many patients of the agricultural class referred to, and I certainly would not think of attending any one of them for a smaller fee than 2*s.*—that is, for visit and professional advice alone (anything supplied in the way of medicine being charged for accordingly, and quite distinct from visiting fees). I do not at all believe in the principle of including medicine in the visiting fee, and never do it myself. The scale I work on, and which I consider very satisfactory all round, is 2*s.* for visit and advice within a radius of one mile from my house; for greater distances 2*s.*, *plus* 6*d.* per mile, or part of a mile, beyond the first. The medicine of course varies considerably, but, speaking generally, I charge 1*s.* 6*d.* for an ordinary 8 oz. bottle, with ½ oz. doses; other bottles proportionately; 6*d.* a dozen for pills, &c. The scale of charges for medicine should not vary with the pecuniary position of the patients, nor the charge for mileage, but the visiting fee alone is altered according to the class of patients visited, 2*s.* being the lowest fee.

Apologising for occupying so much of your valuable space,

I am, Sirs, yours truly,

Oct. 8th, 1894. JUSTITIA.

To the Editors of THE LANCET.

SIRS,—Would it not be better if medical practitioners kept to their usual fees, referring all those unable to pay them to the parish medical officer or to medical charities? By doing so the former, who lays himself open to attend poor people, would benefit, because he can claim increased remuneration from the guardians, and hospital dispensaries &c. would then have more poor cases and less time to devote to those who can and ought to pay. Surely, no self-respecting man could take 2*s.* a visit from a family supported on even £1 a week.

I am, Sirs, yours faithfully,

Oct. 6th, 1894. BUSINESS.

Bishop's Pawn.—Yes, it is quite correct that the first printed records of the game of chess appeared in the columns of THE LANCET.

Exalgine.—Certainly not. To put forward a claim for such a fee would not improve our correspondent's case.

R. J. and *Dentist.*—We will deal with the questions our correspondents put before us at an early date.

Mr. J. Matthews is thanked for his letter, which contains much material for our consideration.

SCHOOL DIET.

To the Editors of THE LANCET.

SIRS,—I should like an expression of professional opinion on a diet scale which has come under my notice. It is that of a large school, in which there are children rapidly growing between the ages of seven and thirteen years. Breakfast, 7.30 A.M., consisting of piece of bread and dripping and basin of cocoa; dinner at 1 P.M.; tea and supper at 6 P.M., consisting of bread, a little piece of butter, and about half a pint of milk. It will be noticed that after the piece of bread and dripping at 7.30 A.M. no meal is served till 1 o'clock, and that then an interval of five hours elapses till the next "meal." The school, I understand, has a medical officer, and it would be interesting to know if this scale of diet is in accordance with his advice or in spite of it. My boy aged eleven is a pupil at this school and was sent down suffering from ringworm some ten or eleven months ago. He was covered with boils, pale, and anæmic, and altogether, it seems to me, suffering from under-feeding and want of proper attention. The ablutions (?) of the boys are carried out, winter and summer, at a running tap, and no basins are provided. You can imagine what a boy's ablutions in the month of January, with the thermometer at zero, mean when he has to wash himself at an icy cold water-tap. I am, Sirs, yours faithfully,

Oct. 15th, 1894. HOW NOT TO DO IT, M.D.

COMMUNICATIONS not noticed in our present issue will receive attention in our next.

During the week marked copies of the following newspapers have been received:—*Sheffield Telegraph, Bristol Times, Hastings Observer, Wellington Journal, Leicester Post, Bradford Daily Argus, Newcastle Chronicle, Kentish Express, Northern Echo, South-Eastern Gazette, Folkestone Express, Gorton Reporter, Isle of Man Times, Kent Times, New York Herald, Stirling Journal, Scotsman, Lightning, Oswestry Advertiser, Haverfordwest Telegraph, Cornwall Gazette, Llangollen Advertiser, Bombay Gazette, Guy's Hospital Gazette, Galignani Messenger, Australasian Medical Gazette, Nyassa News, Evesham Journal, Lancaster Guardian, Surrey Comet, Paddington, Kensington, and Bayswater Chronicle, Dundee Advertiser, Northern Whig, Pioneer Mail, Madras Times, South Wales Daily News, Pall Mall Magazine, Isle of Wight Mercury, Montgomery Express, Irish Times, Times of India, Birmingham Gazette, East Anglian Daily Times, Oldham Chronicle, Devon and Exeter Daily Gazette, Barrow Herald, Bromsgrove Messenger, Builder, Singapore Free Press, Hong Kong Weekly Press, Public Health, City Press, Liverpool Daily Post, Yorkshire Post, Surrey Advertiser, Sanitary Record, Birmingham Daily Post, Ipswich Journal, Liverpool Courier, North-Eastern Daily Gazette, Bristol Mercury, West Middlesex Standard, Reading Mercury, Windsor and Eton Express, Weekly Free Press, Hertfordshire Mercury, Science Siftings, Bolton Evening News, Sunday Times, Local Government Chronicle, Local Government Journal, West Middlesex Advertiser, Bolton Daily Chronicle, Evening Telegraph, Dundee, Morning Post, Leicester Daily Mercury, Manchester Courier, Leeds Mercury, Manchester Guardian, &c. &c.**

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